

APPLICATION FOR CERTIFICATE UNDER SECTION 603

Local Government Act 1993

Applicants Name and Address

Applicants Reference



Cabonne Council
PO Box 17
MOLONG NSW 2866

Rates Department
Ph (02) 6392 3280
Fax (02) 6392 3260

Website: www.cabonne.nsw.gov.au Email: council@cabonne.nsw.gov.au

Fee: \$100.00

Urgency Fee \$136.10 Extra

2025/2026 financial year

Property Location

Parish	County	Locality	House No	Street Name	
Nearest Cross Street		Side of Street	Frontage	Depth	Area
Nature of Property					

Legal Description

Lot No	DP	Section No	Portion Number

New Subdivision Supply details of the land before subdivisions **ONLY**
where the lot is part of a recent subdivision

Subdividers Name	Street Name	Lot	DP	Portion	Section	Area & Dimensions
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Registered Proprietor's Full Name & Residential Address

Proprietors Full Name and Address	Occupiers Name
Purchasers Full Name and Address	Purpose of inquiry

Proposed Date of Settlement - _____	I would like to receive certificate by email <input type="checkbox"/> post <input type="checkbox"/>	Phone No
		Email Address
Applicants Signature	Acting For	Date