

Tamworth Regional Council

PO Box 555, Tamworth 2340

Phone (02) 6767 5555

CHANGE OF OWNERSHIP/OPERATION OF A SEWAGE MANAGEMENT SYSTEM

This form must be completed and returned within three months of a transfer in ownership

Property where the Sewage Management System is installed:

Street/Lot Number _____ Street _____ Town/Suburb _____

New Owner's Details:

Full Name _____

Mailing Address _____

Contact Number _____

Occupier's Details:

System 1

System 2

Full Name _____

Mailing Address _____

Contact Number _____

Signatures:

Property Owner _____ *Date*

Occupier _____ *Date*

Office Use Only

Application Fee _____ *Date Paid* _____ *Receipt Number* _____ *Property File No.*