

**APPLICATION FOR ON-SITE SEWAGE MANAGEMENT  
DEVICE REPORT**

Tamworth Regional Council  
P O Box 555  
TAMWORTH NSW 2340

DX 6125  
Tel: (02) 6767 5555  
Fax: (02) 6767 5499

Fee Paid	\$	Rec No.	Date:
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**APPLICANT'S DETAILS**

Applicants Name: ..... Reference: .....

Address: .....  
.....

DX: ..... Phone: ..... Fax: .....

**(Applicants Signature)**

**(Date)**

Note: The application is to be made by either;

- (a) the owner of the property;
- (b) a person with the consent of the owner of the property.

**PROPERTY IDENTIFICATION**

Lot ..... DP ..... Section.....

Street No..... Street Name: .....

Locality .....

**OWNER'S DETAILS**

Owner's Name: .....

Owner's Address: .....

Access to the premises can be arranged by contacting ..... Phone .....

**OFFICE USE:**

**APPLICATION NO:**

**PROPERTY NO:**

**PROP FILE NO:**