

	OFFICE USE ONLY	
Ref:	Receipt No/Date/Amt:	Appl No.
ASSESSMENT NO		
PARCEL NO		



PROPERTY ENQUIRY APPLICATION FORM

IMPORTANT – If more than one certific	ate
is required, complete and forward one	
form for each certificate to relevant	
department in accordance with Proper	ty
Inquiry Information	
Sheet.	

TO:

Wellington Shire Council

PO Box 506, SALE, VIC. 3850

Type of Ce	rtificate	Required
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LAND INFORMATION

Normal - 3 Business Days \$27.40

Priority – 24 hours \$80.00

Fee Enclosed \$.....

NOTE: Replies will be mailed to applicant's address.

VENDOR	PURCHA	PURCHASER					
Surname:							
Other Names:							
Address:							
APPLICANT	APPLICANT'S REFERENCE:						
Surname:	otal Sale Price \$	Date Req'd					
Other Names:	action/Settlement Date:						
Address: T	erms of Sale:	Phone:					
	Contract No:						

DESCRIPTION OF LAND MUST BE PRECISE, INSUFFICIENT INFORMATION WILL RESULT IN RETURN OF APPLICATION.

COPY OF TITLE MUST ALSO BE ATTACHED WITH ALL APPLICATIONS.

Municipal Property N	No.	Flat/Unit	t No.	No. Street No.			eet Road etc	;	Municipality				
Lot No.	Plan N	lo.		C.A.	C.A.		C.P.		Section			Parish	
Town or Suburb	Postco	ode	Volu	me/Bo	me/Book F		Number	Frontage links		ft/meters	De	epth links/ft/meters	

State whether vacant land or nature of building (eg. Dwelling, factory)

Credit Card Authorisation Form



This form is used to provide a credit card payment to the Wellington Shire Council. Payments for Rates, Infringements, and Animal registration renewals will <u>not</u> be accepted. Secure online payments for these accounts can be made at <u>www.wellington.vic.gov.au</u>.

Please ensure that all fields are fully completed with the correct information and that any relevant documentation is attached with this form i.e. planning application, request for a copy of plans form.

We will only use personal information provided by you for the purposes for which it was collected and in order for Council to fulfil its business requirements. A new Credit Card Authorisation Form will need to be completed for each transaction.

Completed forms can be mailed to the Wellington Shire Council at PO Box 506 Sale VIC 3850 or faxed to: 03 5142 3501. Please contact Customer Service on 1300 366 244 if you have any questions.

	Par	t 1:	Аp	plic	ant	Det	tails	5						
Given Names/s														
Family Name														
Address														
Daytime Phone Number														
Email Address														
	Par	rt 2:	: Pa	yme	ent	Det	ails							
Description														
(copy of plans, planning permit)														
Amount Authorised	\$													
Address of property relevant														
to application (if applicable)														
Payments for Rates, Infringements, and	d Ani	imal	regis	strati	ion re	enev	/als	will r	ot be	acc	epte	d.		
	Part	3: (Cre	dit (Card	d De	etail	s						
Name on Credit Card (please print)														
Type of Card (Visa, Mastercard only)														
We do not accept American Express of	^r Dine	ers (Club.											
Bank Name (NAB, ANZ, Westpac etc)														
Credit Card Number														
Card Expiry Date														
Card Holders Signature Authorising payment of above amount									Dat	te				

Office Use Only						
Council Officer						
Receipt Number						
Date						

