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**Request for copy of septic plans**

Ph: 1300 366 244 | 18 Desailly Street, Sale Victoria | 156 Grant Street, Yarram Victoria | PO Box 506, Sale Victoria 3850



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| **Details** | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Name: | | | | |  | | | | | | | | | | | | | | | | | | |
| Company: | | | | |  | | | | | | | | | | | | | | | | | | |
| Postal Address: | | | | |  | | | | | | | | | | | | | | | | | | |
| Telephone: | | | | |  | | | | | | | | | | | Email: | |  | | | | | |
| Are you the property owner? | | | | | | Yes | |  | No | | | |  | | If no, you must arrange for the owner to sign the following section | | | | | | | | |
| **Property Owner Declaration (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The property owner give permission for Wellington Shire Council to release information relating to the septic tank plans on the below mentioned property to the applicant of this form. | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |  |  | | | |
|  | Signed | | | | | | | | | | | | | | | | | |  | date | | | |
| **Property Details (from copy of title or rate notice)** | | | | | | | | | | | | | | | | | | | | | | | |
| Street No | | |  | | Street /Road | | | | | | |  | | | | | | | | | | | |
| Town | | |  | | | | | | | Lot/s | | | |  | | | | | LP/PS | | |  | |
| Registered Owners/s: | | | | |  | | | | | | | | | | | | | | | | | | |
| **Declaration from** | | | | | | | | | | | | | | | | | | | | | | | |
| **I request the following information relating to septic tank plans from the Septic/Building Permit file:** | | | | | | | | | | | | | | | | | | | | | | | |
| Specifically: | | |  | | | | | | | | | | | | | | | | | | | | |
| **I require the plans for the following reason: eg alteration/decommission/other** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that all the information provided on this form is true and correct and understand that it is an offence to provide false or misleading information.  I understand that Wellington Shire Council will make every endeavour to locate the files, however, no guarantees can be given and I understand that the fee is non-refundable. | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | |  | | |
|  | Signed | | | | | | | | | | | | | | | | | |  | date | | | |
| **🛈 Privacy** | | | | | | | | | | | | | | | | | | | | | | | |
| Information requested on this form is collected for the purpose of requesting a copy of septic plans. Any personal information will be used solely by Council for that primary purpose or directly related purposes. Council may disclose part or all this information as required to do so by law (including third parties and/or other agencies). The applicant understands that the personal information provided is for the purpose of maintaining a Septic Tank register, and they may apply to Council for access to/or amendment of the information. | | | | | | | | | | | | | | | | | | | | | | | |
| Search Fee: note fees are non-refundable | | | | | | | | | | | | | | | | | | | | | | | $68.00 Inc GST |
| **OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | |
| Registration (SCK) 30 | | | | Date: | | |  | | | | Receipt: number | | | | | |  | | | | | | |



**Credit Card Authorisation**

Ph: 1300 366 244 | 18 Desailly Street, Sale Victoria | 156 Grant Street, Yarram Victoria | PO Box 506, Sale Victoria 3850



This form is used to provide a credit card payment to the Wellington Shire Council. Payments for Rates,

Infringements, and Animal registration renewals will not be accepted. Secure online payments for these accounts can be made a[t www.wellington.vic.gov.au.](http://www.wellington.vic.gov.au/)

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.

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| **Part 1: Applicant Details** | | | | | | | | | | | | | | | | | | |
| **Given Name/s** |  | | | | | | | | | | | | | | | | | |
| **Family Name** |  | | | | | | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | | | | | |
| **Daytime Phone Number** |  | | | | | | | | | | | | | | | | | |
| **Email Address** |  | | | | | | | | | | | | | | | | | |
| **Part 2: Payment Details** | | | | | | | | | | | | | | | | | | |
| **Description**  **(application type)** |  | | | | | | | | | | | | | | | | | |
| **Amount Authorised** | **$** | | | | | | | | | | | | | | | | | |
| **Address of property relevant to application** |  | | | | | | | | | | | | | | | | | |
| **Payment for rates, infringements and animal registration renewals will not be accepted** | | | | | | | | | | | | | | | | | | |
| **Part 3: Credit Card Details** | | | | | | | | | | | | | | | | | | |
| **Name on Credit Card** (please print) |  | | | | | | | | | | | | | | | | | |
| **Type of Card** (Visa, Mastercard only) |  | | | | | | | | | | | | | | | | | |
| **We do not accept American Express or Diners Club.** | | | | | | | | | | | | | | | | | | |
| **Bank Name** (NAB, ANZ, Westpac etc) |  | | | | | | | | | | | | | | | | | |
| **Credit Card Number** |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |
| **Card Expiry Date** |  | | | | | | | | | | | | | | | | | |
| **Card Holders Signature**  Authorising payment of above amount |  | | | | | | | | | **Date** | | |  | | | | | |

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|  | **Office Use Only** |
| Council Officer |  |
| Receipt Number |  |
| Date |  |