

Request to Search for Copies of Plans & Permits Onsite Wastewater Management Systems

Environmental Health

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

- Form must be lodged with all sections completed and payment of the non-refundable search fee.
- Form can be lodged via email to enquiries@wellington.vic.gov.au
- Every endeavour will be made to locate the requested documentation however no guarantees can be given.
- Documents will be supplied electronically unless otherwise requested.

Details														
Applicant Name:														
Company:														
Postal Address:														
Telephone:						Email:								
Are you the property owner?		Yes		No		no, you m	nust arrange	e for the ov	or the owner to sign the following					
Property Owner Declaration (if applicable)														
I the property owner give permission for Wellington Shire Council to release information relating to the OWMS permit and plans on the below mentioned property to the applicant of this form.														
Signed								Date	Date					
Property Detail	ls (from copy	of title	or rate	notice)										
Street No		Street	/Road						_					
Town				Lot/s				LP/PS	LP/PS					
Registered Owne														
Declaration form														
I request the foll	owing inform	nation re	elating to	o OWM	S pla	ns from tl	he OWMS/	Building Pe	ermit file:					
Specifically:														
I require the plans for the following reason (alteration/decommission/other):														
I declare that all t false or misleadin I understand that be given , and I un	ng informatior t Wellington S	n. Shire Co	uncil will	make e	every									
Signed									Date					

For Office Use ONLY (short cut Key 30)							
Fee payable	\$180.00	Receipt number		Date			

Privacy Statement

The personal information requested on this form is being collected by Council's Environmental Health Unit for the purpose of administering and enforcement of the relevant Acts and associated regulations relating to this function. The personal information will be used solely by Council for that primary purpose or directly related purposes and may be disclosed to third parties if required to do so by the law.

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Credit Card Authorisation Form

Ph: 1300 366 244

18 Desailly Street, Sale Victoria

I 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.

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 submitted to Council via email to enquiries@wellington.vic.gov.au or via mail to PO Box 506 Sale VIC 3850 or via fax to 03 5142 3501.

Should you have any questions please contact Wellington Shire Council's Customer Service Team on 1300 366 244

Family Name Address Daytime Phone Number Email Address Part 2: Payment Details Description (application type) Amount Authorised \$ 180.00 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	should you have any questions please t	Office							s Cu.	Ston	ICI 30	i vice	, i ca	111 01	1130	0 300	, 244.
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Office Use Only							
Council Officer							
Receipt Number							
Date							