

Request for Property Information

Regulation 51 of the Building Regulations 2018

Applicant Details	
Applicant Name:	Company Name:
Applicant Postal Address:	
Applicant Phone:	Applicant Reference No:
Applicant Email:	

Property Details				
Street Number:		Lot Number:		
Street/Road Name:		Locality:		
LP/PS:	Volume:	Folio:		
Registered Property Owner/s:				

Please attach a copy of title (including Plan of Subdivision)

Select regulation/s required below

\$53.60
\$53.60
\$53.60
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Applicant Signature:

How to submit this formIn PersonSale Service Centre
18 Desailly Street, Sale
Monday-Friday - 8:30am - 5:00pm
Telephone 1300 366 244Yarram Service Centre
156 Grant Street, Yarram
Monday, Tuesday, Thursday, Friday 10:00am - 2:00pm
Telephone (03) 5182 5100By PostPO Box 506, Sale Victoria 3850By Emailenquiries@wellington.vic.gov.au

OFFICE USE ONLY		Fee Received: \$		(Short Key 22)
Date:	Officer:		Receipt No.:	

The personal information requested on this form is being collected by Council for a Building Services application. The information will be used solely by Council for that primary purpose, or directly related purposes. The applicant understands that the personal information provided is for this Building Services application and that they may apply to Council for access and/or amendment of the information.

Date: