



APPLICATION FOR LEGAL POINT OF DISCHARGE AND COUNCIL EASEMENT INFORMATION

In accordance with the Building Act 1993 and the Building Regulations 2018: Regulation 133(2)

APPLICANT DETAILS

Name:

Company:

Address:

Suburb:

Postcode:

Telephone:

Email Address:

PROPERTY DETAILS (where the information is required for)

Address:

Suburb:

Postcode:

Lot Number:

Plan of Subdivision:

SUPPORTING DOCUMENTS

A copy of the Land Title in your / your client's name.

* If the Land Title has not yet been released, please do not submit this application.

Payment of \$159.55 (no GST applicable) upon submission of this application.

IMPORTANT INFORMATION

FEES:

The Legal Point of Discharge and Council Easement Information application fee is non-refundable.

GENERAL PARTICULARS:

Please ensure that you provide a Land Title **specifically** for the property address you are requesting the information for. If the Land Title has not yet been released in your name, or your client's name, Council will not have the requested information available. Submission of a parent Land Title (eg. In the name of the land developer) is insufficient. In these circumstances, Council will only provide you with a generic response. You will then be required to resubmit a new application once the relevant Land Title has been issued.

The completed application form and accompanying documentation can be submitted to mail@wyndham.vic.gov.au or posted to PO Box 197, Werribee VIC 3030

PRIVACY STATEMENT: The personal information requested on this form is being collected by Council for the purpose of this application. Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for the delivery of services and information. For further information on how your personal information is handled, visit Council's Privacy Policy at: <https://www.wyndham.vic.gov.au/privacy-policy>



Credit Card Payment Form

TO:

WYNDHAM CITY COUNCIL – CONSENTS & PERMITS

PAYMENT FOR:

LEGAL POINT OF DISCHARGE APPLICATION

BANKCARD

MASTERCARD

VISA

Card Number

EXPIRY DATE

CARD HOLDER NAME

AMOUNT \$159.55

SIGNATURE

.....
(I declare that the information supplied is true and correct)

DATE

CONTACT PHONE NUMBER

Wyndham City, 45 Princes Highway, Werribee
Phone: 1300 023 411
Email: mail@wyndham.vic.gov.au