FINANCE AND RATES
PROPERTY ENQUIRY APPLICATION FORM

Hindmarsh Shire Council

IMPORTANT – If land in question is comprised within more than one Assessment then multiple certificates will be required. Please complete and forward one form and payment for each certificate.

Fields marked with a red asterisk (*) must be filled out.

Office Only*

Reference:	Code:
Application Number:	Assessment Number:

TO: Hindmarsh Shire Council PO Box 250 NHILL VIC 3418	**Certificate Type:** Land Information Certification Payment Enclosed: $28.90

Vendor Details *

Vendor Given Name*:	Vendor Surname*:
Address*:	

Purchaser Details*

Purchaser Given Names*:	Purchaser Surname*:
Address*:	

Details of Registered Proprietor (if not Vendor) *

Full Name*:
Address*:

Vendor Solicitor*

Full Name*:
Address*:

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Applicant Details: *

Applicant Reference*:	Auction/Settlement Date*:
Date Required*:	Total Sale Price*:
Contract Date*:	Contact Phone Number*:

Description of Land * - Be precise, insufficient information will result in the return of your application.

Unit*:	Street Number*:	Street/Road Name*:
Town / Postcode*:	Lot No / Plan No*:	
Crown Allotment*:	Section*:	Parish*:
Municipality*: Hindmarsh Shire Council	Volume*:	Folio*:
Area*:	Frontage*:	Depth*:

PLEASE ATTACH A REGISTER SEARCH STATEMENT (TITLE SEARCH) AND TITLE PLAN WITH APPLICATION

PRIVACY STATEMENT
We will handle any personal information you have provided in this form in accordance with the Privacy and Data Protection Act 2014*. Our privacy policy contains information about how you may access your personal information and seek correction of such information; as well as how to complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint. For more information, please see our [Privacy Policy](#) or contact our team on (03) 5391 4444. Your personal information will not be disclosed to any other party unless Council is required to do so by law, has gained your consent to do so or an information privacy principle exemption applies.*

By signing this form, I warrant that the information I have provided is true and correct. I understand that insufficient information will result in the return of my application.

Signature*:

Name printed*:
Date*: