

To the General Manager, Coffs Harbour City Council

BUILDING ENQUIRY

Locked Bag 155, Coffs Harbour 2450; DX 7559

Administrative Centre, 2 Castle Street, Coffs Harbour

Email: coffs.council@chcc.nsw.gov.au Phone: (02) 6648 4000 Fax: (02) 6648 4199

Website: www.coffsharbour.nsw.gov.au ABN 79 126 214 487



1. Details of the applicant

It is important that Council is able to contact you if more information is required. Please give as much detail as possible.

Mr Ms Mrs Dr Other:

Given name/s

Surname

Company/organisation

ABN

Postal address

Suburb or town

State

Postcode

Daytime telephone

Fax

Mobile

Email address

2. Type of Enquiry

Provide a brief explanation of the information you seek to obtain from Council. Property specific information will not be provided unless this application is accompanied by separate written authority from the property owner/s.

3. Applicable fees and charges

To view the applicable fees and charges associated with this application, please refer to Council's adopted fees and charges at www.coffsharbour.nsw.gov.au.

4. Privacy and personal information protection notice

- this information is required to process your request and will not be used for any other purpose without seeking your consent, **or as required by law**;
- your application will be retained in Council's Records Management System and disposed of in accordance with the Local Government Disposal Authority;
- your personal information can be accessed and corrected at any time by contacting this Council.

5. Applicant's Signature/s

I declare that to the best of my knowledge all particulars supplied by me are correct and completed. I understand that inaccurate or false statements may cause my application to be delayed or rescinded.

Signature/s: Date:/...../.....

OFFICE USE ONLY

Date received

Application fee (if applicable)

Receipt No.