



## Liquid Trade Waste - New Owner Consent Form

Postal Address: Locked Bag 155 Coffs Harbour NSW 2450  
Phone (02) 6648 4000; Fax (02) 66484 199; Email: [coffs.council@chcc.nsw.gov.au](mailto:coffs.council@chcc.nsw.gov.au)  
DX 7559; ABN 79 126 214 487  
Administrative Centre: 2 Castle Street Coffs Harbour

Property Owner's Name: .....

Postal Address: .....

..... Post Code: .....

Phone: ..... Mobile: .....

Fax: ..... e-mail: .....

### Property Description

Business Trading Address: Unit: ..... No.: ..... Street: .....

Town/Suburb: ..... Postcode: .....

Property description: Lot: ..... Section: ..... DP/SP: .....

Business Trading Name: .....

Trade Waste Approval No: .....

### Declaration

I acknowledge that the Coffs Harbour City Council has a current Liquid Trade Waste Agreement (s) with the lessee on the abovementioned property.

Further, I am aware that during business hours Council may enter the premises for the purpose of conducting an inspection to determine whether the applicant is complying with the conditions of the Liquid Trade Waste Approval.

Please note that the owner of the property will be billed for water supply, sewerage and liquid trade waste services provided and it is the owner's responsibility to pay such fees and charges within the period specified. The owner may arrange to recover such fees and charges through the lease arrangement between the owner and the waste generator.

NOTE: All information for this agreement is being voluntarily collected to process your application. Your information will be kept by Council and will be disposed of in accordance with the Local Government Disposal Authority. Under Privacy & Personal Information Protection Act (PPIPA) 1998, you are entitled to review your personal information at any time by contacting this Council and request any amendment to it.

Yours faithfully,

.....  
**Signature**

.....  
**Date**

.....  
**Please print name**