

Request for Certificate of Title Search

Fee \$68.20

	1 66 466.26
APPLICANT DETAILS	
Name:	
Organisation (if applicable):	
Postal Address:	
Phone No.:	
Email:	
ADDRESS OF LAND	
Number: Street/Road:	
Town:	
Title details (e.g. lot and plan number):	
Volume: Folio:	:
REQUEST DETAIL	
Reason why this search has been requ	uested:
□ Planning permit application□ Building permit application□ Both	
Applicant's signature:	Date:
Privacy Statement: Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 2020 or other relevant legislation. The personal information will be used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations, if required by legislation. The applicant understands that the personal information provided is for the above purpose and that he/she/they may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer.	
OFFICE USE	
Date Paid:	Receipt No.:
Search Completed:	Owner Sent Copy:
CODANGAMITE SHIDE COLINCII	

CORANGAMITE SHIRE COUNCIL

Planning Department