

PROPERTY SEARCH REQUEST – 2019/2020

APPLICANT

Applicant's Name:		Attention / Reference:	
Postal Address:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email Address:			
Date of Application:		Date of Settlement:	

PROPERTY DETAILS

Address:	Street No.		Street:	
Town:			Postcode:	
Property Description:	Lot No:		Plan No:	
Vendor's Name:				
Purchaser's Name:				

SEARCHES REQUIRED

1.	Rates Search	Does NOT include building or town planning information	Standard (7 Days)	\$ 100.00	<input type="checkbox"/>
2.	Rates Search	Does NOT include building or town planning information	Urgent (3 Days)	\$ 250.00	<input type="checkbox"/>
3.	Special Water Meter Reading	Region 1: Goondiwindi, Inglewood, Texas	(7 Days)	\$ 81.50	<input type="checkbox"/>
		Region 2: Yelarbon, Toobeah, Bungunya, Talwood		\$ 140.00	<input type="checkbox"/>
4.	Building Search	Subject to Availability - includes copy of Building Application, Building Approval and Final Certificate (Form 21) or Certificate of Classification (Form 11) on file and Plumbing Compliance Certificate	(7 Days)	\$ 193.50	<input type="checkbox"/>
5.	Swimming Pool Safety Certificate		(7 Days)	At Cost	<input type="checkbox"/>
6.	Final Certificate		(7 Days)	\$ 205.00	<input type="checkbox"/>
7.	Planning & Development Certificate - Limited		(5 Days)	\$ 285.00	<input type="checkbox"/>
8.	Planning & Development Certificate - Standard		(10 Days)	\$ 530.00	<input type="checkbox"/>
9.	Planning & Development Certificate - Full		(30 Days)	\$ 780.00	<input type="checkbox"/>
10.	Environmental/Health Information Report		(7 Days)	\$ 185.50	<input type="checkbox"/>
11.	Environmental/Health – File Search Only		(7 Days)	\$ 95.50	<input type="checkbox"/>

IMPORTANT NOTICE

Goondiwindi Regional Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies, which may have a legitimate need for the information to process applications or the like. Your information will not be given to any other person or Agency until you have given us permission or we are required to by law.

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PAYMENT METHOD

<input type="checkbox"/>	Credit Card:	Type of Card:	
		Card Name:	
		Card Number:	
		Expiry Date:	
<input type="checkbox"/>	Direct Deposit:	<i>Account Number: 750 133 566, BSB: 084-675, Reference: Search</i>	
<input type="checkbox"/>	Cheque		

OFFICE USE ONLY

Receipt Number:		Fee:		CSO Initials:	
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