





# CARRATHOOL SHIRE COUNCIL

Form: 186  
Doc Id: 339810

9-11 Cobram Street Goolgowi NSW 2652  
PO Box 12 Goolgowi NSW 2652  
Ph: 6965 1900 Fax: 6965 1379  
Email: council@carrathool.nsw.gov.au

## Application to Connect to Sewerage Management System

*Privacy Notification (Privacy and Personal Information Protection Act 1998 – Section 10) - The personal information that Council is collecting from you on this application form is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the Local Government Act 1993 or the Government Information (Public Access) Act 2009. The supply of the information by you is not voluntary and if you cannot provide or do not wish to provide the information sought, the Council will be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the legislation. Council is to be regarded as the agency that holds the information. Enquiries can be addressed to Council by telephoning 02 6965 1900.*

Applicant Details	
Name	
Postal Address	
Contact Number/s	
Email	
DA/CDC Number	(if applicable)
Property Details	
Assessment	
Address	
Plumber Details	
Name	
Postal Address	
Licence Number	
Contact Number/s	
Sewerage Management System	
<input type="checkbox"/> Hillston Pressure Sewerage: Repayment Schedule <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Payment in Full <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Receipt # ..... Revised Payment Schedule <input type="checkbox"/> Yes (subject to Council approval) <input type="checkbox"/> Goolgowi Sewerage Management System <input type="checkbox"/> Rankins Springs Sewerage Management System	
Declaration	
I/We the undersigned hereby make application to connect to the Sewer System selected above.	
Owner/Applicant Signature	 Date: / /
Owner/Applicant Signature	 Date: / /
Office Use Only	
<b>Hillston Pressure Sewer</b> Sewer Plan Submitted Council <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ...../...../..... Repayment Agreement Returned <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Maintenance Agreement Returned: <input type="checkbox"/> Yes <input type="checkbox"/> No Section 60 Approval Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No Connected to System on: ...../...../..... Tank No: ..... Pump No: ..... Authorised Officer Name: ..... Authorised Officer Signature: ..... Practical System Updated: ...../...../..... Finance Officer Signature:..... Date:.....	
<b>Other</b> Sewer Plan Submitted to Council <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ...../...../..... Connected to System on Date: ...../...../..... Authorised Officer Name: ..... Authorised Officer Signature: .....	
<b>Copy: Records; Operations Clerk; Rates Officer and Water/Sewer Staff</b>	