



# Request for Copies of Septic System Plans

## Section 1: LAND DETAILS

Unit Number:	Street Number:	Street Name:		
Town:				Postcode:
Approx. age of house				
Other information				

## Section 2: APPLICANT

Name:				
Business:				
Postal Address:				Postcode:
Telephone No. (H)		(W)		(M)
Email Address:				

## Section 3: OWNER DETAILS (If different to the Applicant)

Name(s):				
Postal Address:				Postcode:
Telephone No. (H)		(W)		(M)
Email Address:				

**Note: \* Evidence of ownership is required.**

**\*\* Owner's authorisation, in writing is required for an agent / application made on behalf of the owner.**

## Section 8: DECLARATION This form must be signed.

A. I declare that I am the Applicant and all information given is true and correct.	Applicant signature:	Date:
---	----------------------	-------

**PLEASE FORWARD THIS APPLICATION TO**

<b>E-mail:</b>	<a href="mailto:Health@bawbawshire.vic.gov.au">Health@bawbawshire.vic.gov.au</a>	<b>Mail:</b>	Health Department, Baw Baw Shire Council PO Box 304 Warragul VIC 3820
<b>Phone:</b>	5624 2411		
<b>In Person:</b>	Customer Service Centres	1 Civic Place Warragul	OR 33 Young Street Drouin

All information collected and held by Council is managed in accordance with Councils Privacy Policy which is available on our website. If you choose not to supply the requested information it may impair the ability of Council to consider your application or prevent Council from communicating with you in relation to your application.  
If you have any concerns or require access to the information held by Council, please contact us on 5624 2411.

Office Use Only					
Fee Charged Later		Date Received			
Notes					