



APPLICATION FOR AN EXTRACT OF THE ASSESSMENT RECORD PURSUANT TO SECTION 174 OF THE LOCAL GOVERNMENT ACT 1999

Name of Applicant: _____

Postal Address: _____

Contact Phone Number: _____

Basis for Application: (Please Tick)

- Personal
- Business (Please Specify) _____
- Organisation (Please Specify) _____
- Other (Please Specify) _____

Assessment Number of Extract Requested: _____

Details Requested (ie Owner Name and Postal Address): _____

Reason for Request: _____

Signature: _____

Date: _____

Office Use Only

Application Approved: YES/NO

Authorised by: _____

Date: _____

Assessment Number: _____