

Search Request for Septic System Plans

To: Environmental Health Services
 City of Albany

Property Address			
Lot No:	House	Street Name:	Suburb:
Full Name of all owner(s):			

Applicants Details	
Applicant(s) Full Name:	
Applicants Address:	
Phone:	Fax
Applicants Postal or Email Address:	
Applicant Signature:	Date:

The following consent of the property owner(s) is required if you are not the owner of the abovementioned property. Property owner(s) may be contacted for verification of permission.

As the owner(s) of the abovementioned property, I give the applicant named above permission to view or obtain a copy of the applicable septic system plans to the abovementioned address.

Owners Phone number:
Owner(s) name:
Owner(s) signature:
Terms and Conditions
<ol style="list-style-type: none"> 1) I HEREBY ACCEPT THAT THE SEARCH FEE IS NON-REFUNDABLE 2) I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO OBTAIN PLANS AND I WILL NOT HOLD THE CITY OF ALBANY LIABLE IN THE EVENT THAT INCORRECT INFORMATION IS SUPPLIED OR THE PLANS ARE UNABLE TO BE LOCATED 3) I UNDERSTAND THAT AS THE APPLICANT IF I AM NOT THE PROPERTY OWNER THAT THE OWNER'S AUTHORISATION IS REQUIRED 4) I UNDERSTAND THAT THE SEARCH AND COPY PROCESS CAN TAKE UP TO 10 WORKING DAYS

SEARCH FEE: _____ (refer to current Budget Fees and Charges).

DATE PAID: _____ **RECEIPT NO:** _____

Office Use Only
Building Permit Numbers: _____ Property assessment Number: _____
Archive Box and File numbers: _____