

## Joint Sewer Elimination APPLICATION FORM

### Applicant Details

Name:			
Surname:		First Name:	
Address:			
Suburb:		Postcode:	
Phone (h):		Phone (w):	
Phone (m):		Fax:	

### Premises Details

Address:		
Suburb:		
Lot No.	DP No.	

### Details of elimination

How was the elimination discovered?	

### Applicant signature

SIGNATURE:		DATE:	
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### Office use only

Application fee:	As per Council Fees and Charges.	\$	
Rec No			

### Council Details:

Address:	Wagga Wagga City Council Cnr Baylis & Morrow St Wagga Wagga P O BOX 20 WAGGA WAGGA NSW 2650	Website: Email: Telephone: Fax:	www.wagga.nsw.gov.au council@wagga.nsw.gov.au 1300 2 92442 / 1300 2 WAGGA 0269 269 199
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