



Cowra Shire Council  
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## Application Sewer Connection

### OFFICE USE ONLY

Received: ..... Application No. ....  
Map No. .... Fee: .....  
Related File: ..... Date: .....  
Assessment: ..... Receipt: .....

### Applicant Details

First Name:		Family Name:	
Postal Address:			
Town:	State:	Postcode:	
Daytime Phone:		Fax:	
Mobile:		Email:	

### Identify the land to be sewered

Rural / Street Number:		Street / Road Name:	
Town:	State:	Postcode:	
Lot No:	Section No:	DP No:	

### Details of licensee

First Name:		Family Name:	
Postal Address:			
Company Name:		Licensee No:	
Expiry Date:			
Town:	State:	Postcode:	
Daytime Phone:		Mobile:	
Licensee Signature:			

### Plan

Please provide a plan showing proposed sewer junction (below).