

Cowra Shire Council Private Bag 342 Cowra NSW 2794

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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:	1obile:	
Licensee Signature:				

Plan

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