

**Contact Details:**

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APPLICATION TO TRANSFER APPROVAL TO OPERATE ONSITE SEWAGE MANAGEMENT SYSTEM INTO NEW PROPERTY OWNERS NAMES

(Clause 47 (1) & (2) Local Government (General) Regulation 2005)

New Owners Name(s): _____

Postal Address: _____

Contact Phone Number: _____

Email: _____

Property Lot No.: _____ **DP No.:** _____

Property Address: _____

OSSM System Licence Number: 20._____._____.1

Previous Owner's Name(s): _____

Note: This application is to be lodged with Council within three (3) months after the date on which the property is transferred or otherwise conveyed to the new owner.

Office Use Only

Date ATO expires: _____

Date ATO Transfer issued & posted: _____

Signed: **Date:**

Fee : N/A License No: 20._____._____.01	Date Rec'd: ____/____/____	
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