

## **Environmental Health** Services

ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444 T 03 5422 0333 – F 03 5422 3623 – <u>mrsc@mrsc.vic.gov.au</u> – www.mrsc.vic.gov.au

Septic Tank Plan Request form				\$155
Applicant				
Name:				
Address:				
Town:	Postcode:			
Telephone:	Mobile: Email:			
Fax:		Email	: 	
Owner	Builder	☐ Plumber	Other (please spec	ify)
Reason for re	quest:			
Site addres	ss			
Lot no: LP/subdivision no:				
Address:				
This space h	nas been intentionally	/ left blank. Please	make sure you complete	the form fields over page.

Please provide the following information:
• Name of owner when house was built

- Other historical information
- Previous lot numbers
- Previous building permit numbers
- Any other previous owners (listed on copy of title)Year house was built
- Previous address

If you have any additional in property, please list below:	nformation such as previous building permit numbers relating to the
Registered owner's de Owner's full name:	claration (if different from the applicant)
	information requested on this form to be supplied to the above applicant.
Owner's signature:	Date:
	of personal and health information is in accordance with Council's Privacy Council's website, mrsc.vic.gov.au/privacy and available for inspection at ustomer service centres.
Payment options	
<b>In person</b> : present this form Service Centres.	and payment (cash, cheque/money order, eftpos or credit card) at one of our
	rder – payable to Macedon Ranges Shire Council, or complete Credit Card . Mail this form and payment to PO BOX 151 KYNETON VIC 3444.
Credit card payment a	uthorisation
Mastercard	Visa
I authorise you to charge th	ne following amount to my credit card: \$
Name on card:	
Credit card number:	
Expiry date (xx/xx):	Signature: