

**APPLICATION FOR
STORMWATER LEGAL POINT OF DISCHARGE**



| | |
|---------------------------------------|-------------------|
| Date | ___ / ___ / 2018_ |
| Your Reference (if applicable) | |
| Fee | \$141.20 |
| Receipt No. (Council use only) | Receipt type 180 |

Property Information:

Owner _____

House No _____ Lot No _____ LP / PS No _____

Street _____

Township _____

Proposed Works _____

Comments _____

Applicant's Details:

Name _____

Postal Address _____

Phone _____

E-mail _____

Please include a Site Plan showing the location of any proposed new development/s within property.

Fee is applicable as above and payable via Cash (In-office Only), Cheque, Money Order or Credit Card. If paying by Credit Card, please call reception on 5232 9400 or download Payment by Credit Card form from the Council's website.

DECLARATION: *The Colac Otway Shire Council collects personal information to levy rates, issue permits and licences, and provide a variety of community services. The information collected in this form is used only for the purposes contemplated by the form (primary purpose) and is not passed on to third parties. In some instances however, disclosure is required by law or is necessary for the protection of persons or property. Where this occurs, Council will take every reasonable step to ensure your privacy is protected in accordance with the Information Privacy Act 2000 (Vic). Should you need to change or access your personal details, or require further information about Council's Privacy Policy contact our Privacy Officer on 5232 9400.*

Return to:

Colac Otway Shire
PO Box 283
Colac VIC 3250

Email: inq@colacotway.vic.gov.au
Attn: Infrastructure Dept

Office use

Amount: \$..... **Receipt No:** **Date:**



Send Request to:
P O Box 283
(2-6 Rae Street)
COLAC VIC 3250
Phone: 03 5232 9400
Fax: 03 5232 9586
Email: inq@colacotway.vic.gov.au

PAYMENT
BY CREDIT CARD

Name:

Postal Address:

Telephone:

Date:

Description of payment: i.e. Rates, Permit, Application, Invoice.....

.....

CREDIT CARD PAYMENT
Please charge my credit card for the amount of:

\$ _____ (in words) _____

Amex Mastercard Visa Card Expiry Date: ___/___ CIV: _____

Credit Card No.

Name on card: _____ Signature: _____

Please note that this information will be destroyed upon completion of payment process.