

**APPLICATION FOR  
STORMWATER LEGAL POINT OF DISCHARGE**



<b>Date</b>	___ / ___ / 20___
<b>Your Reference</b> (if applicable)	
<b>Fee</b>	<b>\$155.30</b>
<b>Receipt No.</b> (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](mailto:inq@colacotway.vic.gov.au)  
Attn: Infrastructure Dept

# Payment by credit card

## What you need to do for your application



### Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



### Submit payment

**Please attach this to the FRONT of your application/documents**

This form will be destroyed upon completion of the payment process

### Office Use Only

Application No

Amount

Receipt Type

Receipt No

Date

**DO NOT SCAN - TO BE DESTROYED**

### Your Details

First name

Last name

Company

Best phone number to contact you on

Email

Residential or postal address

Description of payment (i.e. Rates, Permit Application, Invoice)

Amount to be charged

Amount in words

### Credit Card Details

Name on card

Credit Card Number

VISA CARD

MASTERCARD

AMEX

Expiry Date

CIV

Signature