

Local Government Inquiry

| | Form No: | RT013 | | | |
|--|----------------------|---------------------------|--|--|--|
| | Version No: | 2.0 | | | |
| | Page No: | 1 of 1 | | | |
| | Last Updated: | 26 th May 2023 | | | |
| | Form Ownership: | Rates Officer | | | |
| | Relevant Policy/Act: | | | | |



Principal Office 324 Commercial Street West, Mount Gambier PO Box 724, Mount Gambier SA 5290

Section 7 Search of the Land and Business (Sale and Conveyancing) Act 1994

A copy of the Certificate of Title **must** be provided.

We are required by section 7 of the Land and Business (Sale and Conveyancing) Act and Regulation 12 of that Act to make the Prescribed Inquiries shown as Items numbered 23, 25, 28, 30, 33, 5, 6, 7, 8, 9, 10, 24, 26, 27, 29, 32, 34 and 36 in Table 1 of Schedule 2 of the above mentioned Regulations and the Prescribed Matter shown as Building Indemnity Insurance in Table 2 of Schedule 2 of the above mentioned Regulations.

Information on rates and charges is also required and we request from you a Certificate pursuant to

| Telephone (08) 8721 0444 Facsimile (08) 8721 0410 Email info@dcgrant.sa.gov.au | Section 194 of the Local Govern | | | |
|--|---------------------------------|---|----------------------------------|------|
| website www.dcgrant.sa.gov.au Branch Office 5 Charles Street | Date of Application: | / | / | |
| Port MacDonnell SA 5291 | Fees: (Please tick) | | (Rates Only Sea (Full Search) | rch) |
| Applicant Details | | | | |
| Company Name: | | | | |
| Email: | | | | |
| Postal Address: | | | | |
| Suburb: | | | Post Code: | |
| Phone Number: | | | | |
| Details of Property Requ | | | | |
| Assessment Number: | Α | | | |
| CT Number: | | | | |
| Lot/Section Number: | | | Plan Number: | |
| Address: | | | | |
| Suburb: | | | Post Code: | |
| | | | | |
| Payment Details | | | | |
| ☐ Account (existing accou | unt holders) | | | |
| Uisa / MasterCard | | | _ | |
| Card Number: | | | Expiry: | / |
| Name on Card: | | | CVC: | |
| Signature: | | | | |