

(SD-FO-266) ADJOINING OWNER'S DETAILS

PPIA DISCLAIMER – The personal information provided on this form is collected by *Griffith City Council* for the purposes of processing this application by Council employees and other authorized persons. This form will be stored within Council's record management system and may be available for public access and/or disclosure under various NSW Government legislation.

Owner _____

Address _____

Town _____ Postcode _____

E-mail address _____

Phone No _____ Mobile No _____

Required property details (neighbouring property)

Left hand side House No _____ Street/Road _____

Town _____ Post Code _____

Right hand side House No _____ Street/Road _____

Town _____ Post Code _____

Back neighbour House No _____ Street/Road _____

Town _____ Post Code _____

Other back neighbour House No _____ Street/Road _____

Town _____ Post Code _____

I, the adjoining owner hereby request Council to provide the ownership details of the above mentioned property(s).

The information is requested to facilitate a fencing matter between my land and the adjoining land owner(s). It is requested under the *Dividing Fences Act 1991*.

The land owners' details WILL NOT be retained, copied or disseminated for unrelated purposes and will be kept secure and only used for advising and serving of fencing matters.

I acknowledge I am aware of the Information Privacy and Personal Information Protection Principles in relation to personal information.

Signature _____ Date: _____

An applicant must provide sufficient evidence of identity and place of residence (proof of ownership) in the form of – Driver's Licence, Rate Notice or other documentation proving ownership.

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Office Use Only:			
Property details (neighbouring property)			
Owner's Name			
Left hand side	House No	_____	Street/Road _____
	Town	_____	Post Code _____
Owner's Name			
Right hand side	House No	_____	Street/Road _____
	Town	_____	Post Code _____
Owner's Name			
Back neighbour	House No	_____	Street/Road _____
	Town	_____	Post Code _____
Owner's Name			
Other back neighbour	House No	_____	Street/Road _____
	Town	_____	Post Code _____
Details provided by: CSO Signature: _____			