



PLAN APPLICATION FORM

1 - PROPERTY AND OWNER DETAILS

Lot No: _____ Plan No: _____ Unit/Street No: _____
Street Name: _____ Town: _____ Postcode: _____
Name of Current Owner: _____

2 - APPLICANTS DETAILS

Name: _____ Contact Phone: _____
Fax Number: _____
Postal Address: _____

Email Address: _____

Information required: Sewer Water

Applicants Signature: _____

Date: _____

3 - PREFERRED DELIVERY METHOD

- Email
- Fax
- Mail
- Pick up from EGW Office (133 Macleod St, Bairnsdale)

4 - ADDITIONAL COMMENTS _____

OFFICE USE ONLY

METHOD OF PAYMENT (\$10.00 PER PROPERTY)

Cash Cheque Credit Card Amount: \$ _____
Receipt Number: _____

CREDIT CARD PAYMENTS VISA MASTERCARD

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 Expiry Date

Name (on card) _____ Phone No. _____ Signature _____

EGW staff member: _____ Date: _____