



# Bellingen Shire Council

## Authority to View Council's Records

I/We \_\_\_\_\_  
(Name/s)

of \_\_\_\_\_  
(Residential Address)

hereby give permission for:

- The Purchaser(s) \_\_\_\_\_  
(Name/s)
- Building Inspector \_\_\_\_\_  
(Name/s)
- Solicitor(s) \_\_\_\_\_  
(Name/s)
- Real Estate Agent \_\_\_\_\_  
(Name/s)

to: *(please tick preferred option)*

inspect and/or copy at Bellingen  
Shire Council's Customer Service  
Centre *(note copying charges may apply)*

**OR**

Council staff to examine file and  
 scan and email or  
 copy and post documents *(note  
copying charges may apply)*

*Please specify required documents below e.g. plans, approvals, etc*

\_\_\_\_\_

\_\_\_\_\_

Council's records in relation to the following property situated at:

\_\_\_\_\_

(Property Address)

Please contact \_\_\_\_\_

(Nominated Applicant)

on \_\_\_\_\_ when Council's records have been

(Contact telephone/mobile number or email address)

retrieved and are ready for viewing.

\_\_\_\_\_

(Signature of Owner/s)

Date: \_\_\_\_\_

***Please note that a Building Records Search fee of \$30 (excluding photocopying and postage charges if applicable) is payable in advance if you elect Council staff to examine the file and email or post documents. Please allow 48 hours for retrieval of files.***



# Bellingen Shire Council

---

## CREDIT CARD AUTHORISATION

### Card details

Please charge the following credit card as payment for the requested service(s):

Visa                                       Mastercard                      (please tick)

Name (as appears on credit card)

Card Number

Expiry Date

Amount

CCV # (on reverse of card)

### Signature of person whose name appears on the credit card

I understand this information will be treated as confidential and will be destroyed after payment has been verified.

**Signature:** ..... **Date:** ...../...../.....