

The current landowner of the property is to complete this form & submit with a Wastewater Service application

<p>1. Description of land</p> <p>The lot & plan details (e.g. SP/RP) are shown on title documents or a rates notice.</p> <p>If the plan is not registered by title, provide previous lot & plan details.</p>	<p>Street address (include no., street, suburb / locality & postcode)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: right; padding-right: 20px;">Postcode</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <p>Lot & Plan details</p> <div style="border: 1px solid black; padding: 2px;">Lot #</div> </div> <div style="width: 45%;"> <p>Plan</p> <div style="border: 1px solid black; padding: 2px;">SP / RP</div> </div> </div>																
<p>2. Type of Wastewater Service</p> <p>Select the type of Wastewater service you are applying for</p>	<p>1. Alteration of existing manhole a within private property</p> <hr/> <p>2. Relocation of Property Connection Branch</p>																
<p>3. Consent of Land Owner/s</p> <p>Completion of this section is mandatory and provides the owner's consent to the lodgement of this application.</p> <p>If there are multiple owners, the consent of each owner is required.</p> <p>NOTE: If property is owned by a company, please add full name and position (Director/Secretary).</p>	<p>I/We authorise Cairns Regional Council to carry out works on the Wastewater Service at the above mentioned address as per the completed application.</p> <p>First Owner:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">First Name</td> <td style="width: 50%; border-bottom: 1px solid black;">Last Name</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table> <p>Company Name (if applicable)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Position (if applicable)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Contact Number or Email</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Signature</td> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table> <p>Second Owner:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">First Name</td> <td style="width: 50%; border-bottom: 1px solid black;">Last Name</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table> <p>Company Name (if applicable)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Position (if applicable)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Contact Number or Email</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Signature</td> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>	First Name	Last Name			Signature	Date			First Name	Last Name			Signature	Date		
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<p>4. Submission</p>	<p>Email to CIASupport@cairns.qld.gov.au If this accompanies an application, please submit together with application via our online self-service.</p>																