Renmark Paringa Council

PO Box 730 RENMARK SA 5341 T (08) 8580 3000 F (08) 8580 3030
E council@renmarkparinga.sa.gov.au
W www.renmarkparinga.sa.gov.au

REQUEST FOR DISCLOUSRE OF PROPERTY INFORMATION

Pursuant to the Fencing Act (1975) and the Privacy & Data Protection Act 2014

APPLICATION / REGISTRATION INFORMATION

ENQUIRIES AND APPLICATION / REGISTRATION FORMS TO:
Renmark Paringa Council –
PO Box 730
61 Eighteenth Street, Renmark SA 5341
Phone: 08 8580 3000
Fax: 08 8580 3030
Email: council@renmarkparinga.sa.gov.au

The information collected in this form is used only for the purposes specified (primary purpose) and is not passed on to third parties. Council may disclose this information but only if authorised or required by law. Council may not be able to process your request unless sufficient information is given Council is committed to ensuring that the personal information it holds, is protected against loss, unauthorised access, modification, disclosure and other misuse. ***Access to this information is being provided on condition that it is used for the primary purpose of facilitating a specific fencing matter as prescribed under the Fencing Act 1975****. The information is not to be supplied to a third party, must be kept in a secure location and must be destroyed at the conclusion of your use. Failure to adhere to these conditions will constitute a breach of the Privacy & Data Protection Act 2014.*

Applicants Details

SECTION 1:	
Owners Name	
Residential Address	
Contact Phone Number	
Postal Address (if different	
Details of Property Owned (if different)	

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Property Details Required

SECTION 2:	
Address of Property 1	
Address of Property 2	
Address of Property 3	
Address of Property 4	

Applicants Statement

By signing this form, I _____ acknowledge that the information provided to me will only be used for the purpose of issuing a fencing notice in accordance with the requirements of the Fencing Act 1975.

Name and postal address of Owner

SECTION 3:	
Rate Payer/Owner Postal Address	
Rate Payer/Owner Postal Address	
Rate Payer/Owner Postal Address	
Rate Payer/Owner Postal Address	

SECTION 4: OFFICE USE ONLY	
Completed By	
Date Actioned	
Assessment Applicant	
Assessment 1	
Assessment 2	
Assessment 3	
Assessment 4	
FILE:	**13/023**
RECORD NO	