



Clutha District Council

PO Box 25, Balclutha

Ph: 03 4190200

Fax: 03 4183185

APPLICATION FOR PROPERTY CONDITION REPORT

Applicant Information

Name: _____

Address: _____ Post Code: _____

Phone: _____ Date: _____ Signature: _____

Application

Mailing Address: _____

I/We (the applicant/s) hereby apply for a Property Condition Report in respect of the property situated at:

Property to be Inspected

Address: _____

Valuation Number: _____

Owner: _____

Legal Description

Lot No: _____ DP: _____ Section: _____ Block: _____

SD: _____ Land Area: _____ m² _____ ha

Proposed Use: _____ Existing Use: _____

Payment of Fees - (please tick one)

Fee: \$400.00

Cheque for \$_____ enclosed

Internet Bank Xfr to 03-1734-006-1851-02

Note: Please make reference clear by putting - PCR and name of applicant (as above).

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Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_