

## Request for Building/Drainage File

Date://			
Requested: Persor	n / Fax / Email / Phone		
Name / Business Nar	me:		
Your Address / Busin	ess Address:		
Phone Number:			
Address of Property y	ou would like to view:		
Valuation Number: _			
Are you the Property	Owner: ☐ Yes ☐ No		
Government Official accuracy and disclainformation. No per	al Information and Meeting aims all liability whatsoeve son should rely on any info . The information provided	gs Act 1987 ONLY er for any error, ina ormation without see	0 to 18 (inclusive of the Local Council does not warrant its ccuracy or incompleteness of the eking appropriate independent and a Land Information Memorandum
plan. This is payable	to the Waimate District Cou	ncil cashiers prior to	view the above building file/drainage viewing, by means of cash or eftpos. ur own building file or drainage plan.
Signed:			
If copies of information may apply.	on enclosed in the building fil	le are required, additi	onal time and photocopying charges
Return Form via	Email council@waimatedc.govt.nz Fax 03 689 8075		
For Office Use:			
Fee Paid:			
Receipt Number:			
Date:		_	
Date Viewed:		Time:	am/pm
Date File returned to	Building Files:		