Local Government Enquiry

Section 7 and Section 187 Request – 2026/2027

To Chief Executive Officer
District Council of Franklin Harbour
P.O. Box 71
COWELL SA 5602
Phone: 8629 2019

From Company_____

Postal Address_____

Phone_____Email_____

As ☐ **Agent** ☐ **Conveyancer**

For the ☐ **Owner** ☐ **Prospective Purchaser** ☐ **Prospective Mortgagee**

☐ **Urgent**

☐ Please issue a Certificate pursuant to Section 7 of the Land and Business (Sale and Conveyancing) Act and Regulation 12 of that Act to make the Prescribed Inquiries shown as Items numbered 23, 25, 28, 30, 33, 5, 6, 7, 8, 9, 10, 24, 26, 27 32, 34 and 36 in Table 1 of Schedule 2 of the above mentioned Regulations and the Prescribed Matter shown as Building Indemnity Insurance in Table 2 of the above mentioned regulations. Information on rates and charges is also required and we request from you a Certificate pursuant to Section 187 of the Local Government Act in regard to the land.

☐ Please issue a Certificate pursuant to Section 187 of the Local Government Act in regard to the land.

We hereby make those inquiries to you in regard to the Land described below:

The Land **Lot No:_____Section No:_____Plan No:_____**

Certificate of Title:_____

Property Address:_____

_____

Owner(s):_____

Assessment No (s):_____

Valuer General No:_____

Enclosed is ☐ A copy of both pages of the Certificate(s) of Title to the land, *and*

Payment by:

☐ **Cheque** ☐ **Credit Card**

☐ **Request Account** ☐ **Electronic Funds Transfer (EFT)**

Payment ☐ **$88.25 - Urgent Section 7 Certificate**

☐ **$73.25 - Section 7 Certificate**

☐ **$42.75 - 50 Section 187 Rates Certificate**

Electronic Funds Transfer (EFT)

Bank: BankSA - District Council of Franklin Harbour

BSB: 105-106

Account: 021239240

Reference: (property assessment number)

Credit Card Payment

We do not accept American Express and Diners Cards

☐ **Visa** ☐ **Mastercard**

Card No ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name on Card: _____

Expiry Date: _____/_____ **Amount Paying $_____**

Receipt required: ☐ **Yes** ☐ **No**

Signature:_____ Date: _____/_____/_____

Print Name: _____