



# Town of Walkerville Section 7/Section 187 Certificate Request

**Applicant Information:**

Business/Organisation: .....

Mailing Address: .....

.....

Email: .....

Phone: .....

**Search requested:**

- 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, 29, 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 Schedule 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.

**Details of requested property:**

Lot number ..... Section Number ..... Plan number .....

Certificate(s) of title: .....

Address: .....

.....

Assessment Number(s): .....

Valuer General Number: .....

**Enclosed is:**

- A copy of both pages of the Certificate(s) of Title to the land

**Payment Information:**

- \$66.75 Section 7 Certificate
- \$39.00 Section 187 Rates Certificate

**Credit Card Payment:**

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CVV <input type="text"/> <input type="text"/> <input type="text"/>
Name on card:	.....
Signature:	.....
Date:	.....
Phone:	.....
Receipt Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Lodgment:**

Once complete, please lodge this form and any supporting documentation via:

**Mail:** PO Box 55, Walkerville SA 5081  
**Email:** walkerville@walkerville.sa.gov.au  
**In person:** 66 Walkerville Terrace, Gilberton SA 5081  
**Fax:** 8269 7820