

# Noxious Weeds Certificate

under section 64 of the *Noxious Weeds Act 1993*

**Send your application to:**

The General Manager  
Eurobodalla Shire Council  
PO Box 99 Moruya 2537  
(DX 4873 Moruya)  
[council@esc.nsw.gov.au](mailto:council@esc.nsw.gov.au)

**Or bring it to the counter:**

Administration Centre  
89 Vulcan St Moruya NSW

**If you need help with your application:**

Phone us on  
(02) 4474 1000

**Or:**

Come in and see us at  
89 Vulcan St Moruya NSW

**Office use only**

Receipt to **10004671001 43215**

Officer	<input type="text"/>
Fee Received \$	<input type="text"/>
Received Date	<input type="text"/>
Receipt No.	<input type="text"/>
Sent Date	<input type="text"/>

Email  
 Fax

## Part 1: Applicant details

It is important that we can contact you if we need more information about your application. Please give as much detail as possible.

Legislation may require that this information be made available to the public.

Mr  Mrs  Ms  Dr  Other

Your Reference:

Contact name(s)

Company name

Postal address  
For mail related to this application

Daytime phone  Mobile

Email address

Why do you need this information?

Please select as required:

**2018-2019 fee schedule:**

**Noxious Weeds Certificate** \$55.00

**Scan/ fax/ email certificate** (1-5 documents) \$7.00

**Scan/ fax/ email certificate** (5+ documents) \$14.00

**Total**

*A 1% merchant charge is added to this total for all credit card payments.*

**Certificate to be sent by:**  
(select one)

- Email  
 Post  
 Fax

Fax

## Part 2: Property details

District, town or village	Street	House No.	Nature of property <small>e.g. vacant land, house, commercial</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Lot/ Portion	DP or SP	Section	Parish	Area
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner's Full name and address

Purchaser's Full name and address

**Credit Card Payment**

*A 1% merchant charge is added to all credit card payments*

Credit card number:  /  /  /  Mastercard/ Visa only

Card expiry date:  Merchant Charge 1%  Total Amount:

Cardholder's Name:

Cardholder's Signature: