APPLICATION FOR A RECORD OF TITLE







Applicant Details

| Name | |
|---|--|
| Postal Address | |
| Home Phone | |
| Cell Phone | |
| | |
| Email | |
| Site Description | |
| To ensure we get the cocompleted. | rrect Record of Title for you, please ensure the following site description is |
| Address | |
| Legal Description | |
| Title reference | |
| Registered owner | |
| • | |
| Reply | |
| How do you wish to receive your Record of Title? | |
| ☐ Post ☐ Er | nail |
| Once proof of payment is received, your Record of Title will be sent. | |
| 5 | |
| Payment & Payment Method | |
| The fee for a Record of Title is \$33.00 | |
| Please tick the method | |
| ☐ Cash ☐ Ef | tpos Internet banking |
| Contact Details | |

Masterton District Council 161 Queen Street PO Box 444 MASTERTON 5840 06 370 6300

www.mstn.govt.nz

Internet banking: 03-0687-0271682-02 Ref: COT - 1510702 - (Surname)

Email your application to: planningadmin@mstn.govt.nz