

Section 7 Search  
**APPLICATION  
FORM**

Pursuant to the Land and Business  
(Sales and Conveyancing) Act 1994



**TOWN OF GAWLER**

Phone: (08) 8522 9211

Email: [council@gawler.sa.gov.au](mailto:council@gawler.sa.gov.au)

Postal Address: PO Box 130 Gawler SA 5118

Office Address: 43 High Street Gawler East SA 5118

**PLEASE NOTE:**

- Council is allowed up to 8 clear business days to complete this search.
- A copy of the Certificate of Title must be provided in order for the search to be processed.

Fees: (please tick as applicable)

☐ \$39.00 - Rates Only Search

☐ \$66.75 - Full Section 7 Search

**APPLICANT DETAILS:**

<b>Applicant Name</b>			
<b>Postal Address</b>			
<b>Contact Details</b>	Phone:	Fax:	
	Email:		

**DETAILS OF PROPERTY REQUESTED:**

<b>Property Address</b>				
<b>Property Details</b>	Lot No:	Assessment No:	CT Reference:	Plan No:
<b>Registered Proprietor</b>				

**PAYMENT METHOD:**

<input type="checkbox"/> Credit Card (details below)		<input type="checkbox"/> Cheque is attached	<input type="checkbox"/> I have an account
<input type="checkbox"/> Visa	<b>Please note</b> – American Express cards are <u>not</u> accepted.		
<input type="checkbox"/> Mastercard			
<b>Card Number</b>	<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"/>		
<b>Expiry Date</b>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
<b>Signature</b>	_____		<b>Date</b> _____