



Electronic Plan Lodgement

EPL Organisation Application

This application is to be completed, signed and forwarded to:

Customer Services Land Services SA, GPO Box 1354 Adelaide SA 5001

ORGANISATION DETAILS:

Information to be shown on system generated Plans and Documents

REGISTERED BUSINESS NAME/COMPANY NAME		
ABN		
BUSINESS ADDRESS		
SUBURB	STATE	POSTCODE
POSTAL ADDRESS (If applicable)		
SUBURB	STATE	POSTCODE
ORGANISATION EMAIL ADDRESS		PHONE
SAILIS AGENT CODE	FAX (If applicable)	ACN (If applicable)

PRINCIPAL CONTACT (ORGANISATION ADMINISTRATOR):

Person authorised to act as system administrator for organisational access to Electronic Plan Lodgement

SALUTATION	GIVEN NAMES	FAMILY NAMES
TITLE (If applicable)	CODE WORD (for example your mothers maiden name)	
PRINCIPAL CONTACT E-MAIL ADDRESS:		

DECLARATION:

I agree to operate this facility in accordance with the Terms and Conditions and acknowledge that access to Electronic Plan Lodgement means that I have read and accepted those Terms and Conditions. I will advise the Land Services SA in writing, within seven (7) days, of any change in any of the particulars contained in this application. Plans will be prepared as per the Plan Presentation Guidelines and relevant South Australian Acts and Regulations.

SIGNED	NAME
DATE	TITLE OF SIGNATORY



Land Services SA ACN 618 229 815

PHONE 1800 648 176 or 8423 5000 FAX 8423 5090

EMAIL customersupport@landservices.com.au

VISIT Ground Floor, 101 Grenfell Street, Adelaide SA 5000

POST GPO Box 543, Adelaide SA 5001

landservices.com.au