

Chief Executive Officer
City of Belmont
Locked Bag 379
CLOVERDALE WA 6985

Attention: Planning Department
Facsimile: (08) 9473 1478
Email: planning@belmont.wa.gov.au

Dear Sir

REQUEST FOR WITHDRAWAL OF CAVEAT

Lot No: _____ **Street No:** _____

Street Name: _____

Suburb: _____

Certificate of Title Volume _____ **Folio:** _____

I / We request that the City withdraw the caveat lodged on the abovementioned certificate of title. The City is requested to withdraw the caveat:

Temporarily – the caveat will be re-lodged on the Title.

Permanently.

The reason for the request is: _____

I / We the owner of the above lot, authorise you to request the Council's Solicitors to prepare the necessary documentation and confirm that I / we agree to pay all costs associated with the preparation of a withdrawal of caveat. I / We also agree to pay full costs for re-lodging of the caveat (if applicable).

Name(s): _____

Signed: _____

Date: _____

My / our address for correspondence is:

Telephone: _____ Facsimile: _____

Email: _____