

Selwyn District Council

Account Holder LIM Application

* = required field

Applicant Details

Name of Firm* _____

Full legal name of Applicant* _____

Company SDC debtor number* _____

Firm/Applicant's Postal Address* _____

For the attention of _____

Your Client Name/Reference Number _____

Phone* _____

Email* _____

Site Details

Site Address* _____

Legal Description* _____

(Lot and DP number)

Proposed Lot & Number* _____

(If a proposed lot, include proposed lot number. Write N/A if not applicable.)

Current Property Owner _____

Valuation Number _____

Area (land area) _____

Please attach a copy of the Record of Title

Email to: lims@selwyn.govt.nz

Post to: LIMs Team, Selwyn District Council, PO Box 90, Rolleston 7643

Privacy Statement - The personal information that you provide in this form will be held and protected by Selwyn District Council in accordance with our privacy policy – available at Selwyn District Council - Privacy Policy and with the Privacy Act 2020 (the Privacy Act). Our privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information.