



**Customer Centre
SEARCH ORDER FORM**

Name: _____
Fax No: _____
Email: _____
Address: _____
Phone No: _____
Attention: _____

Customer Centre
Phone: (08) 9273 7333
Fax: (08) 9250 3187
Postal Address:
PO Box 2222
Midland WA 6936

For Office Use Only
Request No. _____
Job No. _____
Date Completed: _____

Dear Customer,

Thank you for your search request. To enable us to process it, please outline your search details on the page attached and complete your Credit Card details below.

Please also provide a contact telephone number so your request can be clarified if necessary and ensure you tick the appropriate "Return by" box below.

Payment can be made by MasterCard or Visa Card only. Please note your card details below. A receipt for your credit card debit will only be provided to you on request.

If you have any further queries please contact the Customer Centre on (08) 9273 7333. Please allow up to 10 working days for your reply.

Yours faithfully,

Request Item & Costs	Fees	Cost \$
Copy of a Certificate of Title - Title Number Unknown - Title Number Known	\$ 18.00 \$ 18.00	
Survey – Strata, Plan, Diagram	\$ 18.00	
Other - Document (E.g. Transfer, Mortgage)	\$ 18.00	
Delivery Instructions & Costs <small>* See below for associated charges</small>	Sub Total	
Return by Post *Post Administration Fee up to 50 grms within Aust (Statutory Fee) Please Note that GST on any Post Administration Fee is paid by Landgate Over 50gms or outside Aust. is on a cost recovery basis (avail. on application)	\$ 9.00	
Fax-In Fee / Email Fee (process & handling) *Fax/Email Administration Fee per item (Statutory Fee)	\$ 2.50 Per Item	
	TOTAL <small>Sub Total & Delivery Cost</small>	

Card Holder Name: _____	
Card Number	<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"/>
MasterCard	Expiry Date _____/_____ Receipt Required Yes No
Visa Card	Card Holder's Signature: _____
Western Australian Land Information Authority ABN: 86 574 793 858	

SEARCH INFORMATION

Search Required (Please tick appropriate Box)

Title

Survey

Document

Other

Where the Title Number is Unknown

(Please provide one or all details - address, lot number)

Where the Title Number is Known

(Volume/Folio)

Document Number - eg Mortgage G123456

(This number must be known or a title search is also required)

Survey Number & Type (S = Strata, D = Diagram, P = Plan)

(If the number is unknown please note the lot number, street name, address, Townsite or District name.)

Sketch

Please provide a detailed sketch below if no other information has been provided or may not be accurate. Also the nearest cross street if available.