



## EXPRESSION OF INTEREST TO PURCHASE CROWN LAND

Pursuant to Section 24 of the Crown Land Management Act (2009)

### For Office Use Only

APPLICATION NO.

RECEIPT NO.

AMOUNT DUE

**\$57.50**

DATE RECEIVED

/ /

### GENERAL INFORMATION

1. This form is to be used to apply for an expression of interest to purchase Crown land. NOTE: If applicant is the adjoining landowner, please refer to and complete the "Application by Adjoining Land Owner to Purchase Crown Land".
2. Pursuant to the *Crown Land Management Act 2009*, land must be declared surplus and sold on the open market. This application may trigger an assessment process to determine if the land can be declared surplus. These applications are assessed when resources permit. Please be aware that there may be delays in remote areas.
3. For information about how to obtain land details see:  
<http://www.sa.gov.au/topics/housing-property-and-land/property-and-place-information/researching-a-property>
4. Please use 'BLOCK' letters if you are filling this form in by hand.
5. This form must be signed personally by the applicant(s).
6. Payment – Cheques should be made payable to Department for Environment and Water and marked 'Not Negotiable'. For credit card payments by MasterCard or Visa please contact your local natural resources office.

### CROWN LAND DETAILS

SECTION/ALLOTMENT

PLAN

HUNDRED

TITLE REFERENCE

CR

VOLUME NO.

FOLIO NO.

### LODGED ON BEHALF OF APPLICANT

Complete this section if you are lodging the application on behalf of another party and wish to remain as the contact person for this transaction.

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)

LEGAL/BUSINESS NAME (IF APPLICABLE)

PHONE AND/OR MOBILE

EMAIL

### APPLICANT DETAILS

If there are further applicants please complete and submit Annexure A with this form.

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)

DATE OF BIRTH

LEGAL/BUSINESS NAME (IF APPLICABLE)

ABN

ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB

STATE

POSTCODE

PHONE AND/OR MOBILE

EMAIL

## ACKNOWLEDGEMENT

I/We declare the particulars supplied on this application form to be true and correct.

SIGNATURE OF APPLICANT

DATE

APPLICANT NAME (PRINT)

## LODGEMENT INFORMATION

Please return the completed form to the Crown Lands Program Office:

GPO Box 1047

Adelaide SA 5001

Phone: (08) 8204 1218

[DEW.CrownLandsEnquiries@sa.gov.au](mailto:DEW.CrownLandsEnquiries@sa.gov.au)