

Enclosure Permit: Statutory Declaration

This form is used when an enclosure permit holder wishes to confirm that the road or watercourse over which they hold the permit is no longer enclosed and they wish to request that the Enclosure Permit be cancelled.

Contact us

For more information, please contact us at:

NSW Department of Industry—Lands & Water
PO Box 2155
DANGAR NSW 2309

Phone: 1300 886 235 Option 2 Option 2

Fax: 02 4925 3517

Email: enclosure.permits@crowland.nsw.gov.au

Web: industry.nsw.gov.au/lands

Privacy statement

The personal information you provide on this form is subject to the *Privacy & Personal Information Protection Act 1998*. It is being collected by NSW Department of Planning, Industry & Environment and will be used for purposes related to this application. NSW Department of Planning, Industry & Environment will not disclose your personal information to anybody else unless authorised by law. The provision of this information is voluntary or required to be supplied. If you choose not to provide the requested information we may not be able to process this application. You have the right to request access to, and correct details of, your personal information held by the department. Further information regarding privacy can be obtained at www.industry.nsw.gov.au/legal/privacy.

Declaration

Oaths Act 1900, Eighth Schedule

I we being the holders of Enclosure Permit No: _____ do solemnly and sincerely declare that:

- The Crown public road / watercourse shown by hatching on the attached diagram is no longer enclosed within land held in my/our name/s or cannot be used for grazing due to terrain.
- All fences, gates, or other structures erected on or across the enclosed road or watercourse (other than fences along the boundaries of the road or watercourse) have been removed.

* DATE road / watercourse ceased to be enclosed or was unable to be used due to terrain:	
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*** You MUST include the whole date eg: dd/mm/yyyy otherwise the declaration date shown on this Statutory Declaration will be used as the termination date.**

Declarer(s)

I/we make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Name	
Signature	
Name	
Signature	
Name	
Signature	

Declaration of witness

Declared at: (place)

on this		day of		20	
Name (of JP)					
Address					
Signature				Date	
JP qualification details					
<p>I certify the following matters concerning the making of this statutory declaration by the person who made it: [* please cross out any text that does not apply]</p> <p>1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification (medical reason) for not removing the covering, and</p> <p>2. *I have known the person for at least 12 months OR *I have confirmed the person's identity using an identification document and the document I relied on was</p> <p>[describe identification document relied on]</p>					

Lodgement

Email the completed form to: enclosure.permits@crowland.nsw.gov.au

Mail to:

NSW Department of Planning, Industry & Environment – Crown Lands
 PO Box 2155
 DANGAR NSW 2309

Office use only – Refer to the Receipting and Referrals Codes Document					
<input type="checkbox"/> BCN	Referral Code	BCNEP	Receipting Code		
TRIM DOC		Fee Paid		Receipt Number	
Date			Account number		