

# Payer Details

This form provides the department with billing details for the person or entity to be invoiced.



Please complete and return this form as soon as possible to avoid delays in invoicing and DA lodgement. All parties are subject to public disclosure under the *Environmental Planning and Assessment Act 1979*. For details, visit our website [here](#).

Email completed forms to: [Admin\\_PlanningServices@planning.nsw.gov.au](mailto:Admin_PlanningServices@planning.nsw.gov.au).

☐ Check this box if you are submitting this form for a concurrent rezoning proposal fee

## PROJECT DETAILS

Project name:

Project ID:

DPHI Planner:

## PAYER DETAILS

Who will the invoice be addressed to?

Please confirm (pick one) that the invoice will be addressed to:

- ☐ the applicant, the same person who will be lodging the application.  
☐ someone else, who will not be the same person lodging the application.

Details:

Payer Name:

ABN:

**Note:** The ABN must be identical to the registered entity on ABN Lookup.

Street address:

Suburb:

Postcode:

Mailing address:

☐ same as the above address. Otherwise:

Street address:

Suburb:

Postcode:

Country (if not Australia):

Contact details:

Contact Name:

Role (if relevant):

Phone:

Mobile:

Email: