



Electronic Plan Lodgement

# EPL Organisation Application

**This application is to be completed, signed and forwarded to:**  
Customer Services Land Services SA, GPO Box 543 Adelaide SA 5001

## ORGANISATION DETAILS:

*Information to be shown on system generated Plans and Documents*

REGISTERED BUSINESS NAME/COMPANY NAME		
ABN		
BUSINESS ADDRESS		
SUBURB	STATE	POSTCODE
POSTAL ADDRESS (If applicable)		
SUBURB	STATE	POSTCODE
ORGANISATION EMAIL ADDRESS		PHONE
SAILIS AGENT CODE	FAX (If applicable)	ACN (If applicable)

## PRINCIPAL CONTACT (ORGANISATION ADMINISTRATOR):

*Person authorised to act as system administrator for organisational access to Electronic Plan Lodgement*

SALUTATION	GIVEN NAMES	FAMILY NAMES
TITLE (If applicable)	CODE WORD (for example your mothers maiden name)	
PRINCIPAL CONTACT E-MAIL ADDRESS:		

## DECLARATION:

I/We agree to operate this facility in accordance with the Terms and Conditions and acknowledge that access to Electronic Plan Lodgement means that I have read and accepted those Terms and Conditions. I/We will advise Land Services SA in writing, within seven (7) days, of any change in any of the particulars contained in this application. Plans will be prepared as per the Plan Presentation Guidelines and relevant South Australian Acts and Regulations.

SIGNED	NAME
DATE	TITLE OF SIGNATORY



**Land Services SA** ACN 618 229 815

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