

LAND CLAIM FOR LAND PURSUANT TO *ABORIGINAL LAND RIGHTS ACT 1983 (NSW), SECTIONS 36, 37*



OFFICE OF THE REGISTRAR
ABORIGINAL LAND RIGHTS ACT 1983 (NSW)

11-13 Mansfield Street
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(Please print all details clearly using block letters)

Name of Council: Local Aboriginal Land Council

Address of Council: (Postal address registered with the Registrar's Office)

Telephone Number:

Name of Chairperson:

Does the Area of this and claim application extend
outside the boundaries of the applicant's Land Council area?

No / Yes

If it does, provide detailed plan, sketch or map. (Please attach detailed plan, sketch, map, etc)

Lot/Portion Number or Reserve Number:

Deposited Plan, Parish Map or Other Plan Number:

Nearest Town or Village:

Parish:

Shire of Municipality:

County:

If this application is lodged by the NSW Aboriginal Land Council on behalf of one of more
Local Aboriginal Land Councils (LALCs), Please insert the name(s) of these LALC(s) here:

Map identifying the claim area is attached?

Yes

No

Area is coloured in or hatched?

Yes

No

Signed:

(Chairperson)

Date: