

APPLICATION TO BUILDING AND PROPERTY LIST (CO-OWNED LAND AND UNREASONABLE WATER FLOW)

Use this form if you want VCAT to hear a dispute about co-owned land and goods or unreasonable water flow between properties.

WHO IS MAKING THIS APPLICATION?

1. Are you an individual, organisation or company?

☐ Individual

☐ Organisation or company, skip to Question 4

2. Your details

Given names Family name

Street number and name

Suburb State Postcode

Phone number

Email

3. Do you wish to be identified as a person of Aboriginal and/or Torres Strait Islander descent?

☐ Yes

☐ No

4. Organisation or company's details

Contact person's name

Organisation or company name

Street number and name

Suburb State Postcode

Phone number

Email

IS THERE ANOTHER APPLICANT?

Is there another applicant making this application with you? If not applicable, skip to Question 8.

5. Is the second applicant an individual, organisation or company?

☐ Individual

☐ Organisation or company, skip to Question 8

6. Individual's details

Given names Family name

Street number and name

Suburb State Postcode

Phone number

Email

7. Organisation or company details

Contact person's name

Organisation or company name

Street number and name

Suburb State Postcode

Phone number

Email

IS SOMEONE REPRESENTING YOU?

8. Are you represented by a lawyer, professional advocate or other professional representative?

If you are the lawyer, professional advocate or other professional representative for the person you are applying about, skip to Question 13.

☐ Yes

☐ No, skip to Question 13

9. Name of lawyer, professional advocate or professional representative

Title Given names Last name

10. Address

Organisation (if applicable)

Street number and name

Suburb State Postcode

11. Contact details

Phone number

Email

12. Do you want VCAT to send all correspondences to your professional representative?

☐ Yes ☐ No

WHO ARE YOU MAKING THE APPLICATION AGAINST?

The person you are making an application against is the respondent.

13. Is the respondent an individual, an organisation or company?

☐ Individual ☐ Organisation or company, skip to Question 15

14. Respondent's details

Given names Family name

Street number and name

Suburb State Postcode

Phone number

Email

15. Organisation or company's details

Contact person's name

Organisation or company name

Street number and name

Suburb State Postcode

Phone number

Email

SECOND RESPONDENT'S DETAILS

Is there another respondent you are making this application against? If not applicable, skip to Question 19.

16. Is the second respondent an individual, organisation or company?

☐ Individual ☐ Organisation or company, skip to Question 18

17. Individual's details

Given names Family name

Street number and name

Suburb State Postcode

Phone number

Email

18. Organisation or company's details

Contact person's name

Organisation or company name

Street number and name

Suburb State Postcode

Phone number

Email

APPLICATION FOR ORDER

19. Describe the order you want VCAT to make and include the Act (including the sections), or other relevant legislative provisions.

20. Provide the reasons you are making this application:

21. Do you want to apply for an injunction?

☐ No ☐ Yes, additional fee applies. See www.vcat.vic.gov.au/leasefees

HEARING ARRANGEMENTS

We offer a range of support services for people with disability, those who need an interpreter and to help with accessibility

22. Do you or anyone mentioned in this application need special assistance at the hearing?

☐ Help accessing the venue (e.g. wheelchair access)

☐ Interpreter required

Language:

☐ Assisted communication (e.g. assistive listening device or hearing loop)

☐ Attend the hearing by phone or video link

☐ Other

Provide more detail about who needs the forms of assistance you have indicated and why.

ACKNOWLEDGMENT

By completing this application, I understand and acknowledge that:

- ☐ to the best of my knowledge, all information provided in this application is true and correct
- ☐ it is an offence under section 136 of the *Victorian Civil and Administrative Tribunal Act 1998* to knowingly give false or misleading information to VCAT

Date (DD/MM/YYYY):

FURTHER STEPS TO TAKE

Ensure you do the following:

- ☐ Attach a copy of any documents that support your application
- ☐ Give a copy of this application to every person mentioned in this application
- ☐ Make a copy of this application for your own records
- ☐ Attach a copy of the certificate of title to any co-owned land

INFORMATION PRIVACY

If you wish to know how VCAT may use the information you provide, refer to VCAT's privacy statement on the website (www.vcat.vic.gov.au/privacy). In most situations, VCAT is not allowed to publicly disclose information about a person apart from publishing decisions, repeating anything said or done at a public VCAT hearing and allowing the public to search the register and files.

SUBMIT THIS FORM

Submit your application and all supporting documents by email, by post or delivering it in person.

By email

Email civil@vcat.vic.gov.au

By post

Send to:

The Registrar
Building and Property List
Victorian Civil and Administrative Tribunal
GPO Box 5408 Melbourne VIC 3001

Deliver in person

Deliver in person to:

Customer Service Counter
Ground Floor, 55 King Street
Melbourne, VIC 3000.

NEED HELP WITH YOUR APPLICATION?

If you have any questions about completing this form, contact us by phone, email or in person.

By email

Email civil@vcat.vic.gov.au

By phone

Call us between 9 am and 4.30 pm Monday to Friday on 1300 01 8228 (1300 01 VCAT)

In person

Our office is located at Ground Floor, 55 King Street, Melbourne, VIC 3000.
We are open Monday to Friday from 8.30 am to 4.30 pm.