

Certification of Application

Name of council:	Lismore City Council	
We certify that to the best of our knowledge th correct and complete.	e information provided in this application is	
General Manager (name):	Ms Shelley Oldham	
Signature and Date:	(0.2.3	2020
Responsible Accounting Officer (name):	Dr Graeme Towers	
Signature and Date:	(0, 2, 20	20.