

Application for a Crossover Form

Enquiries to: (08) 9461 3168 or (08) 9461 3178



Please complete this application in **BLOCK LETTERS** and return to:-

In Person

OR

By Post

OR

By Fax or Email

Customer Service Centre
Council House
27 St Georges Terrace,
PERTH

City of Perth
GPO Box C120
PERTH WA 6839

Fax: (08) 9461 3082
Email:
info.city@cityofperth.wa.gov.au

Applicant's Details

| | | | |
|------------------|--|-----------|--|
| Business Name | | | |
| Business Address | | Post Code | |
| Applicant's Name | | Phone No | |

CROSSOVER DETAILS

Proposed Start Date

| | |
|------------|-----|
| Start Date | / / |
|------------|-----|

Location of Proposed Crossover

Site Address

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Please Provide a Sketch showing the dimensions of the crossover, property boundary, trees, pole and pits that may be affected (if not enough room attach a separate page)

Applicant's Signature and Date

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