

Application for Crossover Subsidy

APPLICANT AND PROPERTY DETAILS:

Applicant Full Name: _____

Postal Address: _____ Suburb: _____ Post Code: _____

Phone Number: _____

Email: _____

Address of Crossover: _____

Assessment Number of Property: _____

PAYMENT DETAILS:

If you would like the funds to be directly deposited into your account. Please complete the following:

BSB # (6 Digits): _____

Account #: _____

Account Name: _____

Bank Details: _____

I/We _____ hereby certify that the crossover at the abovementioned location has been completed the Council Specifications at a cost of _____.

Signature: _____ Date Signed: _____

SHIRE OFFICE USE ONLY:

Date Crossover Inspected: _____ Length of Crossover: _____

Type of Crossover: _____

Comments: _____

Crossover Approved: Yes No If not, reason: _____

A Subsidy of _____ is approved for payment from account COR780

NB: Maximum amount of \$400 subsidised

Approved: _____

Date Approved: _____

Contact Us

Enquiries

Call: (08) 9526 1111

Fax: (08) 9525 5441

Email: info@sjshire.wa.gov.au

In Person

Shire of Serpentine Jarrahdale

6 Paterson Street, Mundijong WA 6123

Open Monday to Friday 8.30am-5pm (closed public holidays)



www.sjshire.wa.gov.au