

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: _____ Crossover Area (m²): _____

Type of Crossover: _____

Comments: _____

Crossover Approved: Yes ☐ No ☐ If not, reason: _____

A Subsidy of _____ is approved for payment from account 3210-13304-6392-0000 (NB: The current subsidy payment is based on \$22.50 per m² and up to \$400 max. It is only claimable within 5 years from the building Practical Completion).

Approved by: _____

Position: _____

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