

APPLICATION FOR VEHICLE CROSSOVER SUBSIDY FORM

This form is to be completed in conjunction with reading the Shire's Vehicle Crossover Policy and the Specifications for Construction of a Vehicle Crossover.

APPLICANT

Name: _____

Email: _____

Phone: _____

I hereby apply for Council contribution toward the cost of construction of the below crossover.

Crossover address: _____

Please provide details for payment below:

Payee Account Name: _____

Payee Address _____

BSB: _____ Account Number: _____

Copy of paid contractor receipt attached (mandatory)

Signature of owner: _____

Date: _____

OFFICE USE ONLY

Crossover completed to specifications: Yes No

Comments: _____

Inspected by _____

Signed _____

Date Inspected _____

Contribution Amount: _____

Payment Authorised: _____ Date: _____

Executive Manager Infrastructure & Assets