



APPLICATION FORM INSTALLATION OF A RURAL NUMBER

FORM 85

Date stamp

Part 1 Applicant Details

Details of person making request	<p>Name</p> <input style="width: 100%; height: 25px;" type="text"/> <p>Daytime Contact Phone Number</p> <input style="width: 100%; height: 25px;" type="text"/> <p>Postal Address</p> <input style="width: 100%; height: 40px;" type="text"/> <p>Email Address</p> <input style="width: 100%; height: 25px;" type="text"/>
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Part 2 Property Details

Please complete property location details where a rural number is required	<table style="width: 100%;"> <tr> <td style="width: 15%; padding: 5px;">Lot</td> <td style="width: 85%; padding: 5px;">Street Name</td> </tr> <tr> <td style="padding: 5px;"><input style="width: 80%; height: 25px;" type="text"/></td> <td style="padding: 5px;"><input style="width: 95%; height: 25px;" type="text"/></td> </tr> <tr> <td style="padding: 5px;">Suburb</td> <td style="padding: 5px;"><input style="width: 100%; height: 25px;" type="text"/></td> </tr> </table>	Lot	Street Name	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	Suburb	<input style="width: 100%; height: 25px;" type="text"/>
Lot	Street Name						
<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>						
Suburb	<input style="width: 100%; height: 25px;" type="text"/>						

Part 3 Applicant Acceptance

Please sign	<p>I hereby request for the installation of a rural number and acknowledge that I will be invoiced for the costs involved.</p> <table style="width: 100%;"> <tr> <td style="width: 70%; padding: 5px;">Signature</td> <td style="width: 30%; padding: 5px;">Date</td> </tr> <tr> <td style="padding: 5px;"><input style="width: 95%; height: 25px;" type="text"/></td> <td style="padding: 5px;"><input style="width: 95%; height: 25px;" type="text"/></td> </tr> </table>	Signature	Date	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Signature	Date				
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>				

Part 4 Return form to

Shire of Dardanup
 Planning Department
 1 Council Drive/PO Box 7016
 EATON WA 6232

Phone: (08) 9724 0055
 Email: records@dardanup.wa.gov.au

Part 5 OFFICE USE ONLY

Checklist/Procedure	Date	Signed
Application Received	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Calculate/Allocate Number	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Register Number	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Create Purchase Order (1016505) Place Order for Number	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Install Number	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Raise Invoice Request GL 1026002 (\$60 inc GST)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Advise DOLA & Rates Department	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Send brochure to applicant	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>