



APPLICATION FORM INSTALLATION OF A RURAL NUMBER

FORM 85

Date stamp

Part 1 Applicant Details

Details of person making request

Name

Daytime Contact Phone Number

Postal Address

Email Address

Part 2 Property Details

Please complete property location details where a rural number is required

Lot

Street Name

Suburb

Part 3 Applicant Acceptance

Please sign

I hereby request for the installation of a rural number and acknowledge that I will be invoiced for the costs involved.

Signature

Date

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 |
| Calculate/Allocate Number |
| Register Number |
| Create Purchase Order (1016505) Place Order for Number |
| Install Number |
| Raise Invoice Request GL 1026002 (\$50 plus GST) |
| Advise DOLA & Rates Department |
| Send brochure to applicant |