Shire of Woodanilling

Rural Street Number Application

Property Details	Lot No:	Street	Street:				
	Assessment No:	Suburb:					
	Postcode:	Neare	Nearest Cross Road:				
Property Owner(s)	Name:		Phone:				
	Address: Postcode:						
(attach separate page if more than 2 owners)	Name:		Phone:				
	Address:	Postcode:					
Applicant Details (if applicant is not the owner)	Name:						
	Address:		Postcode:				
	Postal Address:			Postcode:			
	Phone (Home):		(Work):	(Work): (Mobile):			
	Fax: Email:						
	Signature: Date:						
Customer Service	\$99.00		Rural Street Number Sign with Star Picket				
	Enclosed Cheque No:		Paid By: - Cheque EFT Cash				
Fees (office use only)			(please circle)				
	Date:		Receipt No: GI		GL #	*	
Operations Centre (office use only)	Date Received:	Attend Property: Yes / No		Number: In stock / Order		Date Attended Property (Depot):	
	Officer Name:	Number Required:		Date Order Received:		Date of Installation (Depot):	
	Signature: Da			ate:			
Rates (office use only)	Date Received:		System Updated Yes / No		Records Updated Yes / No Number:		
	Rates Officer Signature: Date:						