

PROPERTY ADDRESS FOR APPLICATION:

Property No:		Lot No:		Application No:	
Street:				Suburb:	

APPLICANT:

Name of Organisation:					
First Name:		Surname:			
Address:					
Telephone:		Mobile:			
Email Address:		Fax No:			
Contact Person <small>(if different to the above)</small>					

Proposed Start Date:	Proposed Finish Date:
Provide a sketch showing the location of the proposed work zone, include the length of road and number of bays affected (if not enough space attach a separate page).	

Name: (please print): _____
Signature: _____ Date: _____

Lodge of application:
<ul style="list-style-type: none"> In person, at the Customer Services, Town of Cambridge, 1 Bold Park Drive, Floreat WA 6014 By mail, to Town of Cambridge, PO Box 15, Floreat WA 6014 By fax or email, Fax (08) 9347 6000 or email: mail@cambridge.wa.gov.au

Office Use only

Fee:	\$	Receipt No:	
Accepting Officer:		Date Received:	