Health Documents & Information Request Form

Shire of Donnybrook Balingup EHO.INFREQ.V.24.1



| PROPERTY DETAILS | Please ensure that all detail | s are clearly printe | ed (if written), ar | nd all fields are completed. | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| Lot #: | House #: | | Location #: | | |
| Street Name: | | Suburb: | | | |
| Owner Name: | | | | | |
| Email: | | Phone: | | | |
| APPLICANT DETAILS | | | | | |
| Name: | | | | | |
| Email: | | Phone: | | | |
| Postal address: | | | | | |
| PLANS REQUIRED Please ensure that the requested document is listed below. | | | | | |
| (\$65 + GST FEE) | | See allow ten (10) working days for search to be processed. | | | |
| ☐ Retrieval of Health Plans (list/name below) | | ☐ Certificates (list/name below) | | | |
| Decuments (list/name helew) | | Other Die | ☐ Other Plans (list/name below) | | |
| ☐ Documents (list/name below) | | Other Plans (list/flame below) | | | |
| Applicant to receive plane | r via: □ □ |)ick up | □ [mail | □ Doct | |
| Applicant to receive plans via: | | | | | |
| approval stamps are removed before lodgements, and mark plans clearly with proposed additions before submission. | | | | | |
| Payment method: | ☐ In person ☐ F | hone call | ☐ Email | ☐ Post | |
| Cheques payable to: Shire of Donnybrook Balingup, PO Box 94, Donnybrook, WA, 6239. Only credit cards may be used if paying via phone call. Please complete a Credit Card Authority Form if paying via email (Shire Officers will provide). | | | | | |
| OWNER DECLARATION | | The | following must b | e completed by the owner. | |
| If the property is owned by a conspreprity is in relation to a decedeceased estate must be proving refundable (an estimate of cossinominated applicant. The qualible to scale or depict all existing subject to extentions in exception unauthorised structures. | eased estate, documentation ded. The fees required to co ts will be provided upon rec ity of the documentation an g structures and therefore m | n supporting a per mplete a Health D eipt of this form). I d building records nay not be suitable | son's authority to ocumentation Se Building records v cannot be guard of for resubmission | o act on behalf of the carch Request are non- will be provided to the anteed. They also may not n. Search timeframes are | |
| I, accept and consent to the above terms and conditions. | | | | | |
| Signature: | | Date: | | | |
| OFFICE USE ONLY: | | • | | | |
| Date received: | | R | ecords Office: | | |
| Accepting Officer: Assessment #: | | | | | |
| Receipt #: | | | | | |
| | | • | | | |