



**City of Subiaco**  
 241 Rokeby Road  
 SUBIACO WA 6008  
 Telephone: 9237 9222  
 Facsimile: 9237 9200

**APPLICATION FOR CROSSOVER CONTRIBUTION**

Date: \_\_\_\_\_

Owners Full Name: \_\_\_\_\_

Phone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Details: \_\_\_\_\_

Type of crossover construction: \_\_\_\_\_

Supply measurement of crossover – width of crossover: \_\_\_\_\_

**Please provide a copy of your invoice for GST purposes**

Length of crossover (from front boundary line to kerb line of road: \_\_\_\_\_

**OFFICE USE ONLY**

(Once the above information is completed, please forward to Works Supervisor)

Is the crossover constructed to Council's specification? Yes (approved for contribution refund) / No

Comments: \_\_\_\_\_

Checked by: \_\_\_\_\_ Contribution Refund: \$350.00

Job Number: 555015.3808.61

<p><b>To be completed by Finance Department:</b></p> <p>Extensions checked:</p> <p>_____</p> <p><b>FINANCE OFFICER</b></p>	<p><b>To be completed by originating Department:</b></p> <p>Name of requesting officer: _____</p> <p>Authorisation: I authorise this payment:</p> <p>_____</p> <p><b>AUTHORISED OFFICER</b>        (Must be authorised by Council delegation to incur expenditure)</p>
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