

TOWN OF CLAREMONT

SEARCH REQUEST



Please submit this form to:
Town of Claremont
PO Box 54
CLAREMONT WA 6910

308 Stirling Highway
CLAREMONT WA 6010
toc@claremont.wa.gov.au

PROPERTY DETAILS

Lot: ___ Number: _____ Street: _____ Suburb: _____

APPLICANT DETAILS *(Please print in block letters)*

Owner (as below)

Other *(consent from owner/s required)*

Contact Person: _____

Email Address: _____

Postal Address: _____

Contact Number/s: _____

SEARCH CRITERIA

Current Building Plans

Swimming Pool / Spa

Current Development Plans

Garage / Shed

Patio / Pergola / Gazebo

Other: _____

OWNER/S CONSENT

All Owner/s: _____

Owner/s Signatures **(*Required)**: _____

Postal Address: _____

Email Address: _____

Contact Number/s: _____

HOW WOULD YOU LIKE TO COLLECT YOUR PLANS?

E-mail

USB (Supplied by applicant)

Post

Collection from the Town

FEES

\$158.00 Non-refundable search fee

ACCOMPANYING NOTES

1. Payment is required upon submission of the application form
2. In the event that the plans are not located, the application fee is **non-refundable**
3. Additional charges may apply for copies of plans
4. Viewing plans after lodgement of search request is by appointment only. Access hours are between 9.00am to 4.00pm (Monday to Friday)

Payment Options

In Person - Council Offices Mon-Fri 9.00am - 5.00pm

By Cheque - Mark cheques as Non Negotiable and payable to Town of Claremont

Credit Card - by phone 08 9285 4300 Mon - Fri 9.00am - 5.00pm or by completing the attached Credit Card Authorisation Form

Credit Card Authorisation

This form is to be completed by the card holder, or designated officer of the Town if received over the phone.

| | | | | | | | | | | | | | | | |
|--|------------------------------------|---|---|---|--|--|--|--|---|--|---|--|--|--|--|
| I hereby authorise the Town of Claremont to debit the credit card identified below. | | | | | | | | | | | | | | | |
| For the amount of \$ _____ (total amount due) | | | | | | | | | | | | | | | |
| Personal Details | | | | | | | | | | | | | | | |
| Mr/Mrs/Miss/Ms | Surname: _____ Given name/s: _____ | | | | | | | | | | | | | | |
| Address: _____ | | | | | | | | | | | | | | | |
| Billing Address (if different from above): _____ | | | | | | | | | | | | | | | |
| Phone: _____ | | | | | | | | | | | | | | | |
| Cardholders Signature: _____ | | | | | | | | | | | | | | | |
| <small>(Leave blank if received over the phone)</small> | | | | | | | | | | | | | | | |
| Credit Card Information | | | | | | | | | | | | | | | |
| Credit Card number: | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> </tr> </table> | | | | | | - | | | | | - | | | | |
| | | | | - | | | | | - | | | | | | |
| Expiry date: | Security number: | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| Credit Card type: | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard | | | | | | | | | | | | | | | |
| Name on Card: _____ | | | | | | | | | | | | | | | |
| Signature: _____ | | | | | | | | | | | | | | | |

| | |
|------------------------|----------------------------|
| Office use only | |
| Received by: | |
| Authorised by: | Signature: |
| Date: | Invoice no:(if applicable) |