

## 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 <a href="mailto:toc@claremont.wa.gov.au">toc@claremont.wa.gov.au</a>
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### 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: \_\_\_\_\_

### FEE

**\$100.00** 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. Viewing plans after lodgement of search request is by appointment only. Access hours are between 9.00am to 4.00pm (Monday to Friday)
4. **All plans located will be emailed to the email address supplied above**

#### Payment Options

In Person: Council Offices Mon-Fri, 9.00am – 4.30pm

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

Credit Card: by phone 08 9285 4300 Mon-Fri, 9.00am – 4.30pm or  
by completing the attached Credit Card Authorisation Form

# Credit Card Authorisation

[www.claremont.wa.gov.au](http://www.claremont.wa.gov.au)

[toc@claremont.wa.gov.au](mailto:toc@claremont.wa.gov.au)

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)	
<b>Payee Details</b>	
Mr/Mrs/Miss/Ms	Surname: _____ Given name/s: _____
Company Name / Trading Name: _____	
Address: _____	
Billing Address (if different from above): _____	
Phone: _____	
Cardholders Signature: _____	
<small>(Leave blank if received over the phone)</small>	
<b>Credit Card Information</b>	
Credit Card number: _____	
Expiry date: _____ / _____	Security number: _____
Credit Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Name on Card: _____	
Signature: _____	

<b>Office use only</b>	
Received by: _____	
Authorised by: _____	Signature: _____
Date: _____	Invoice no:(if applicable) _____