



APPLICATION FOR SUBSIDY – Vehicle Crossing

(To be submitted for approval once crossing has been constructed and paid in full)

Applicant's Name/s: _____

** Please Note: Payments will be issued in all property owners names, should the owners not have a shared bank account the City will require a letter signed by all owners nominating who the payment should be made to.

Property Address of crossing: _____

Postal Address: _____

Daytime phone no: _____

Email: _____

Bank Details for Payment

Name/s Bank Account is held in: _____

Bank Name: _____

BSB Number: _____

Account Number: _____

Construction Material used

Asphalt Bitumen Brick Paving Concrete

Note: In order to be eligible to receive the subsidy you must ensure that:

- Your application is received within 6 months of completion of construction of the crossing
- You have attached relevant receipts (which must state the full amount has been paid)
- All disturbed facilities/services have been reinstated to their original condition
- The crossing has been constructed in accordance with the City of Gosnells' specifications and approval.

I certify that I have met the requirements set out in the notes above.

(Signature)

(Date)

OFFICE USE ONLY

Date Received: _____

Application Number: _____

Construction Approval: Y / N

If Y Approval Number: _____