

## **Request for Crossover Contribution**

Please Note: The contribution re	elates only to the <b>first crossover</b> to service <b>residential property</b> only. The City
will not provide a contribution to	wards construction of a second crossover on the same lot. Crossover works
for development applications and	d subdivisions are not eligible for financial contribution. copies of invoices
relating to the crossover constru	ction must be included with this form, to allow for the application process to
commence.	
Lot Owner's Name:	
Phone:	
Email:	
Postal Address:	
Address of property being	
claimed for:	
Lot Owner's Signature:	
Date:	
For EFT, please supply:	
Bank:	
BSB and Account Number:	
Account Name:	
Please ensure these de	tails are provided, as payments can only be provided via direct credit.
	OFFICE USE ONLY

Inspector's Report:
Sign and Date for Authorisation of Payment:

Enquiries may be directed to the Asset Services team by calling the City on 9257 9999 or emailing enquiries@kalamunda.wa.gov.au. Please allow three weeks for processing this application.

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