

TRIM Reference: _____



CROSSOVER SUBSIDY CLAIM

Assessment No: _____

Date of Application: _____

PROPERTY ADDRESS

Lot Number: _____

House Number: _____

Address: _____

Completion Date: _____

When all Crossover works are completed

RECEIVED FROM

Applicant: _____

Postal Address: _____

Email Address: _____

Contact Number: _____

Date: _____

CROSSOVER DETAILS AND DECLARATION Please tick the appropriate boxes, where applicable

I have completed to the above-mentioned address. The crossover is _____ metres wide and constructed from:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Asphalt | <input type="checkbox"/> Bitumen (2 coat seal) | <input type="checkbox"/> Block/Brick Paving |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Culvert | <input type="checkbox"/> Gravel |

Please Note: GRAVEL is for Rural/Semi Rural properties only (when connecting to a Gravel Road).

- I understand that the crossover is to comply with the City's latest Crossover Specifications.
- The crossover must be completed within twelve (12) months of this application in order to receive the subsidy.
- I declare that I am the owner of the property as stated in the application and that I have not made a previous claim for a crossover at the above-mentioned address (which includes renewal of the existing crossover).

PAYMENT DETAILS

If applicable, the subsidy will be paid into the account as detailed below by Electronic Funds Transfer (EFT).

Bank Name: _____

Account Name: _____

BSB Number: _____

Account Number: _____

Remittance Advice: Yes No

Please tick one



Signature: _____

Date: _____

OFFICE USE

CROSSOVER INSPECTION

Development Engineering Officer is required to complete a site visit.

Inspection Date: _____

Passed Inspection: Yes No

APPROVAL STAMP REQUIRED

If not passed, why:

PAYMENT REQUEST

Subsidy Amount: \$ _____

Account Number: 1600-100177-65600-1001

Inspection Fee: \$ _____

Account Number: 1600-100276-43350-1001

Amount Payable: \$ _____

ENGINEERING SERVICES APPROVAL

Signed by Authorised Engineering Officer

Officer's Name: _____

Signature: _____

Date: _____

Approved by the Manager of Engineering Services

Signature: _____

Date: _____

TREASURY AND FINANCE PAYMENT

Forward completed application to Accounts Payable

Officer's Name: _____

Signature: _____

Payment Date: _____

COLLECTION NOTICE

The City of Greater Geraldton collects the personal information you provide in relation to CROSSOVER SUBSIDY CLAIM so we can deliver the service, process your request, and meet our legal obligations under the *Local Government Act 1995* and any other related legislation. Your information may be shared with government agencies, contractors, or others where authorised by law or with your consent. Where required by law, your personal information will be made publicly available, e.g. public registers. The City manages personal information in accordance with relevant privacy legislation and takes reasonable steps to protect it from unauthorised access or disclosure. You may request access to, or correction of your personal information by contacting the City at pris@cgg.wa.gov.au.