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| **Application For Crossover Subsidy** |

## Council crossover contribution

**I/We**  the undersigned, being the current **owner/s** hereby make application for a crossover subsidy up to the maximum of $500 (include. GST) in accordance with the Town of Claremont’s conditions and requirements in respect to:

**Lot number:**   **House number:**

**Street:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Suburb:** **Post code:**  \_\_\_\_

**Type of crossover – tick ( ✓ ) box**

Concrete 🞎 Paved 🞎 Other 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

## Direct deposit to: \**Please attach copy of receipt*

**Mr / Mrs / Ms:** \_\_\_\_

**Address:**  \_\_\_\_

**Phone:** \_\_\_\_

*(Home) (Mobile)*

**Email:**  \_\_\_\_

**Name of Bank:**  \_\_\_\_

**Name of Account:**  \_\_\_\_

**BSB: Account number:** \_\_\_\_

308 Stirling Highway CLAREMONT WA 6010 PO Box 54 CLAREMONT WA 6910

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