

APPLICATION FOR A CROSSOVER CONTRIBUTION

I wish to apply for Councils contribution to a crossover, under section 15 *Local Government (Uniform Local Provisions) Regulations 1996* and the City's "Contribution to Crossing (Crossovers) Policy No.13.6".

PROPERTY DETAILS:			
Registered Property Owner/s:			
Property Address:	Lot No:	House No:	Street:
Date of Crossover Construction:	/ /20	Signature of Registered Owner/s:	
AUTHORISATION FOR BUILDER OR AGENT TO BE RECIPIENT OF CROSSOVER CONTRIBUTION			
I/We, authorize _____ (Builders or Agents trading name)			
of _____ (Builder or Agent trading address)			
to be the recipient of all funds contributed by the City of Kalgoorlie-Boulder, under the Councils Crossover Contribution Policy.			
Signature of Registered Property Owner/s:			
Print name/s:			

RECEIPT OF PAYMENT DETAILS (CHEQUE OR EFT)			
Cheque to be made to:			
and mailed to:	Number:	Street:	
	Suburb:	Postcode:	
EFT TO ACCOUNT:			
Account Name:			
BSB No:		Account No:	

OFFICE USE ONLY			
Permit No:		Date of Inspection:	/ /20
Approved:		Not Approved:	Date: / /20
Authorising Officer Signature:			

See Fact Sheet- Crossovers

NEW/AMENDED CREDITOR DETAILS – BUSINESS

General

Creditor Name:		
Supplier Trading Name:		
ABN:		
<i>If no ABN is quoted, a Statement by a Supplier form is to be submitted with this request. Forms are available on the Australian Tax Office's website www.ato.gov.au</i>		
Registered For GST:	Yes	No

Payment Details

Payment Method:	Payments are made by EFT Only					
Payee Name:						
Bank Name:						
BSB:						
Account Number:						
Remittance Comment:						

Address Details

Postal Name:						
Address:						
Town / Suburb						
State:						
Postcode:						

Contacts

Accounts Contact Name:						
Accounts Phone Number:						
Accounts Email Address:						

Sales Contacts Name:	
Sales Contact Number:	
Sales Email Address:	

Ageing and Terms

Term Days:	
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*The City's standard terms are 30 days from Invoice Date

By completing this request we acknowledge that all invoices must quote a valid City of Kalgoorlie Boulder purchase order number. Invoice will not be actioned unless a valid purchase order number is quoted and will be returned to the Creditor

Please note you will be contacted to verify these details by a member of the Finance Department.

Authorised Representative Name:	
Authorised Representative Signature:	
Authorised Representative Position:	
Date:	

Office Use Only

Submitted By (Officer):		
Supplier Evaluation Submitted:	Yes / No	New Creditors Only
ABN Verified:	Yes / No	Attach Confirmation or SBS Form
Record Update Type:	New	Amended
Assigned Creditor Code:		
Created On:		
Created By (Officer):		
Approved By (Officer):		
Details verified by Supplier (Phone):	Contact Name:	
	Position:	
Additional Details:		

NEW/AMENDED CREDITOR DETAILS – INDIVIDUAL

General

Creditor Name:		
Registered For GST:	Yes	No

Payment Details

Payment Method:	Payments are made by EFT Only					
Payee Name:						
Bank Name:						
BSB:						
Account Number:						
Remittance Comment:						

Address Details

Postal Name:	
Address:	
Town / Suburb	
State:	
Postcode:	

Contacts

Phone Number:	
Email Address:	

Ageing and Terms

Term Days:	
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*The City's standard terms are 30 days from Invoice Date.

Payee Signature:	
Date:	

Office Use Only

Submitted By (Officer):		
Record Update Type:	New	Amended
Assigned Creditor Code:		
Created On:		
Created By (Officer):		
Approved By (Officer):		
Details verified by Supplier (Phone):	Name:	
	Position:	
Additional Details:		