

APPLICANT DETAILS:	
NAME:	
ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	

ORGANISATION NAME:			
FACILITY ADDRESS:			
NON-FOR-PROFIT:	Yes	No	ABN/ACN:
SERVICE PROVIDED:			

NUMBER OF SIGNS:	1	2	3
INSTALL LOCATION 1:			
INSTALL LOCATION 2:			
INSTALL LOCATION 3:			

[illegible]

PHOTOS OF INSTAL LOCATION: <i>(in colour)</i>	Yes	No
ADDITIONAL INFORMATION: <i>(please list)</i>		

- Approved signage installation will be added to the sign maintenance program and will be installed at the next available opportunity.
- A maximum of three (3) facility sign panels may be located at any one intersection excluding road nameplates and other traffic sign panels.

I am authorised to act on behalf of the stated organisation / community group.

I have read and understood the Council Policy TE-01 Community Facility Name Sign Policy and the information above.

The information I have provided above is true and correct.

I acknowledge that where signage is approved, costs are payable to the city prior to works commencing and I shall meet the cost of repairs and replacement including from accidental damage, vandalism and wear and tear when required by the city, failing which the signage may be removed by the City.

APPLICANT NAME:		DATE:
SIGNATURE:		

# APPLICATION FOR COMMUNITY FACILITY NAME SIGN

POLICY TE-01

## OFFICE USE ONLY:

DATE RECEIVED:			
REFERENCE NUMBER:			
ASSESSED BY:			
STATUS:	Approved	Declined	
COMMENTS:			
LOCATIONS APPROVED / REASON FOR DECLINE			
NOTIFICATION DATE:			

## FEES:

FEE AMOUNT: (NOT-FOR-PROFIT INSTALL FEES EXEMPT)	FABRICATION:	INSTALLATION:	TOTAL:
	\$	\$	\$
FEES PAID DATE:		RECEIPT NUMBER:	

## INSTALLATION:

INSTALLATION DATE:	
REINSTALLATION DATE:	
NOTIFICATION DATE:	
COMMENTS:	