CASSOWARY COAST REGIONAL COUNCIL
PO Box 887
INNISFAIL QLD 4860
Ph: 1300 763 903
Email: enquiries@cassowarycoast.qld.gov.au

Rural Road Post Application

Information Privacy Statement:
Your personal information has been collected for the purpose of assessing your Application for a Permit. The collection of your information is authorised under the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.

- All names are to be correctly spelt throughout this form.
- Applications are to be returned to Councils Customer Service team or via email to customerservice@ccrc.qld.gov.au
- Approval is not granted until written approval is received from Council.
- Application assessment and approvals can take up to three (3) weeks.

APPLICANT details

Note: the applicant is the person responsible for making the application. The applicant is responsible for ensuring the information provided on all Cassowary Coast Regional Council application forms is correct. Any approval that may be issued as a consequence of this application will be issued to the applicant including appropriate fees and charges.

Title:		Family Name:		Given Name:	
Phone / Mobile:		Email Address:			
Residential Address:					
Postal Address *if different from above*:					

APPLICATION details

- ☐ New Post – $215.00
- ☐ Replacement Post – $215.00
- ☐ Number Allocation Only – No Charge
- ☐ Replacement Number(s) – No Charge

Posts include the address number. Number allocation does not include supply or installation of a post.

PROPERTY details

Address:			
Lot and Plan Number:		Locality:	

Please indicate the preferred location of the address post in the sketch below.

APPLICANT Declaration

I declare that the information provided in this application is true and correct to the best of my knowledge and that I agree to comply with all applicable Council requirements.

Full Name:		Signature:		Date:	

CASSOWARY COAST REGIONAL COUNICL INTERNAL USE ONLY			
Applicant Name:			
Date of assessment:		Signature of Officer:	
Other Comments:			