

# CROSSOVER SUBSIDY CLAIM FORM

PO Box 467, Morley WA 6943  
Ph: (08) 9272 0908 Fax: (08) 9272 0665 e-mail: mail@bayswater.wa.gov.au



Attention: **Verge Bond / Crossover Officer**

Date: \_\_\_\_\_

The address of the crossover to be inspected is:

\_\_\_\_\_

Crossover was constructed by \_\_\_\_\_ Date: \_\_\_\_\_

A copy of the contractor's receipt **must** be attached to this claim form

Levels pegged by the City? \_\_\_\_\_ Y / N Date: \_\_\_\_\_

Box Inspection/Form work Inspected by City Officer? \_\_\_\_\_ Y / N Date: \_\_\_\_\_

Note: Subsidy is half the cost or \$27.85m<sup>2</sup> to a maximum of \$612.40 in respect to the first crossover constructed on any individual residential lot. Subsidy is only payable for crossover constructed strictly in accordance with Council's Specifications and which has been inspected at the forming/base preparation stage and after completion.

## OWNERS DETAILS

Owners Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Contact number: \_\_\_\_\_ h/w \_\_\_\_\_ mob \_\_\_\_\_

## BANK DETAILS

Name of Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_ Account Name: \_\_\_\_\_

BSB (6 digits) : \_\_\_\_\_ - \_\_\_\_\_ Account number: \_\_\_\_\_

## CONDITIONS OF CONSENT

I hereby declare that I am the owner of the abovementioned property and that this is the first subsidy claim made for the said property. I have attached a copy of the contractor's receipt to this application. (Note: Subsidy can only be paid to the current owner, and must be made within six months of crossover construction).

I understand that the crossover subsidy will be paid by Electronic Funds Transfer (EFT - payment made directly to the depositor's bank account).

The authorised representative whose name and signature appears below warrants that the financial institution account details so provided are not false and comply with all applicable laws.

The authorised representative is responsible for the accuracy of the particulars above.

The authorised representative is responsible for advising the City of Bayswater (COB) in writing of any changes in the particulars above. Upon receipt of such notification, COB will amend its records accordingly.

COB will accept the authority of the Authorised Representative as conclusive evidence of that person's authority to sign this consent. COB is under no obligation to verify that authority or any of the details provided above but may do so if it chooses.

COB will use all reasonable measures to maintain the confidentiality of the information provided. The authorised representative acknowledges that details will be available to COB staff or other individuals carrying out their normal duties in processing invoices/accounts for payment on behalf of COB.

While the preferred method of payment is EFT, the authorised representative acknowledges that payment may still be made by other if circumstances require.

By signing this form, the authorised representative acknowledges his or her responsibilities under the conditions of this consent form.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

**OFFICE USE ONLY** Certified that crossover constructed to Council specifications and inspected during construction.

Eligible for subsidy / Not Eligible for subsidy. If not eligible state reason: \_\_\_\_\_

Crossover Measurements: A : \_\_\_\_\_ B: \_\_\_\_\_ C: \_\_\_\_\_ Crossing area: \_\_\_\_\_ m<sup>2</sup>

Type: \_\_\_\_\_ Subsidy payable: \$ \_\_\_\_\_

Name of Engineering Officer: \_\_\_\_\_ Date: \_\_\_\_\_

