



Southern Grampians Shire Council Council Contribution to Dividing Fence Form

Last Name: _____

First Name: _____

Address: _____

Contact Number(s): _____

Email Address: _____

Property Owner? YES / NO (please circle)

Signature: _____ Date: _____ / _____ / _____

Please provide your bank details if you intend to pay the Tax Invoice in relation to the fencing works in full, and then seek reimbursement from Council. If you want Council to pay the contractor directly you do not need to provide you bank details.

Bank Account Name _____

BSB _____

Account Number _____

IF NO BANK DETAILS ARE PROVIDED PAYMENTS WILL BE MADE BY CHEQUE

Please return this form with at **least two written quotations** to Customer Service at Council's Office at 111 Brown Street, Hamilton, council@sthgrampians.vic.gov.au or post to:

Dividing Fence Request
Southern Grampians Shire Council
Locked Bag 685
HAMILTON VIC 3300

Privacy Collection Statement

The personal information requested on this form is being collected by the Southern Grampians Shire Council for the purpose of processing your Council Contribution to Dividing Fence Form. The personal information provided is for the use of the Council and the applicant may apply to the Southern Grampians Shire Council for access and/or amendment of the information. Your personal information will not be disclosed to any external party without your consent, unless required or authorised by law.