

Crossover Reimbursement Form

FRM Crossover Reimbursement REV0

To be completed AFTER the construction of a residential crossover

| | | |
|---|--|-------------------------------------|
| Applicant: | | Assessment No: (Office use only) |
| E-mail: | | Contact No: |
| Property Address: | | |
| Postal Address: (if different from property address) | | |

TO CLAIM COUNCIL CROSSOVER SUBSIDY

I advise that a crossover has been installed at the above address and the disturbed facilities have been reinstated to their original condition. I hereby apply for Council contribution of up to 50% of the construction cost of the crossover and acknowledge that the reimbursement is calculated on the Councils standard 3m width specification. **An itemised copy of the goods and services docket** is attached as required. I understand that the contribution payment process may take up to (4) four weeks and is ONLY payable to the owner of the property and will be forwarded to the supplied postal address.

Signature:

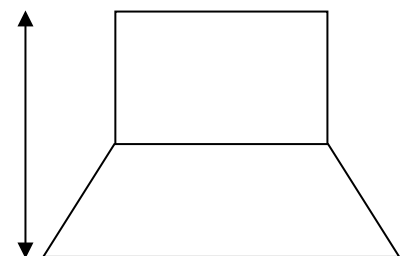
Date:

Please Note: To claim a Council contribution all receipts for the labour and materials must be itemised and submitted to the Shire within six (6) months from the date that the crossover was constructed.

OFFICE USE ONLY

SITE INSPECTION BY TECHNICAL OFFICER

- | | | |
|---|---|--|
| <input type="checkbox"/> Crossing Slope (2% - 10%) | <input type="checkbox"/> Brick Paved | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Crossing Entrance | <input type="checkbox"/> Paver ≤ 60mm | <input type="checkbox"/> Thickness (100mm) |
| <input type="checkbox"/> Crossing Shape | <input type="checkbox"/> Edge Restraint | <input type="checkbox"/> Joints |
| <input type="checkbox"/> Drainage | <input type="checkbox"/> L/Stone Base | <input type="checkbox"/> Expansion |
| <input type="checkbox"/> Soakwell | <input type="checkbox"/> Gravel Base | <input type="checkbox"/> Surface Texture |
| <input type="checkbox"/> Footpath Reinstated | <input type="checkbox"/> Sand Base | |



Total Square Metres: _____m²

Comments:

Approved

Declined

Name:

Signature:

Date:

REIMBURSEMENT CALCULATION BY ADMINISTRATION SUPPORT

Measurements

Actual crossover: _____ m x _____ m = _____ m²Standard crossover: _____ m x 3m = _____ m²

Installation Cost

Receipt = \$

Cost / m² = \$

=\$

(Reimbursement formulae is "cost / m² x standard crossover" and with the council contribution of 50%)

Council Contribution: \$

Officer:

Signature:

Date:

*Comments:***ACCOUNTS PROCESSING**

Creditor:

GL Number: 33832.2700

Description: "Crossover Contributions"

Processed:

Date: