



**HEALTH SERVICES
REQUEST
FORM
(confidential*)**

**CITY OF COCKBURN
PO BOX 1215
BIBRA LAKE DC WA 6965
Phone: 9411 3444
Fax: 9411 3333**

Date:

Name:

Address:
..... P/C

Phone:(Hm) (Wk)

Mobile:

e-mail

OFFICE USE ONLY
Reg. No.
CRM No.
Property No.
Date Completed
Date Determination Reached

Please indicate your preferred option of contact by ticking the box.

Address of Premises Causing Nuisance:
No: Street:
Suburb:

Nature of request:
.....
.....
.....

Have you attempted to resolve this matter? Yes/No
If Yes - How?

PLEASE NOTE:

- *The information disclosed on this form is taken in confidence, however it should be noted that the City of Cockburn is subject to the Freedom of Information Act 1992.**
- While every effort will be made to resolve your request promptly, please understand that Council has limited resources and environmental health issues need to be dealt with in order of priority.**
- Council undertakes to notify you within 15 working days of this form being returned of how your request has progressed.**
- Should you require further information please contact the responsible Officer.**
- PLEASE ENSURE THAT ALL AREAS ARE COMPLETED**

Signed

Please return completed form to:-
Health Services
City of Cockburn
PO Box 1215
BIBRA LAKE DC WA 6965