

Community Information Sign

Local Government and Public Property Local Law 2014

Name of association:		
Name of applicant:		
Address of applicant		
Address:		
Postcode:	Phone:	Mobile:
Event Details		
Location of proposed event:		
Date of proposed event:		
Details of event (including proposed activities):		
Details of the message to be displayed on the sign/s:		
Number of signs applied for (maximum 15):		
Proposed location of signs:		
Description of signs ie: design, material, size of lettering:		
Signed:		
Date:		

Please note: a \$30.00 non refundable fee is payable at the time of application.

Please refer to the City's Fact Sheet 'Community Information Signs - *Local Government and Public Property Law 2014*' for information on the requirements and conditions of Community Information Signs.

For further information please call City Rangers on **1300 655 860**, or visit our Customer Service Centre at 90 Boas Avenue Joondalup.

Alternatively, you may wish to visit the City's website at joondalup.wa.gov.au

Credit Card Authorisation

Card Holder Authorisation

I hereby authorise the City of Joondalup to debit the credit card identified below.

For the amount of \$ _____ (total amount due)

I acknowledge that a declined payment may instigate collection proceedings by the City of Joondalup.

Personal Details

Name:

Address:

Billing Address: (if different from above)

Phone:

Signed: (to be signed by a City of Joondalup Officer if telephone authorisation)

Cardholder Signature:

City of Joondalup Officer Signature:

Date:

Office Use Only

Received by:

Authorised by:

Signature:

Date:

Invoice Number: (if applicable)

DO NOT DETACH

Credit Card Information

Credit Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Card Security Number:

Credit Card Type:

Visa Mastercard

Name on Card:

Signature:

(leave blank if received over the phone)