



Inquiry Into the City of Perth

APPLICATION FORM

NO: OF 20

Applicant:

Details of application

Nature of application:

(Briefly describe, including the directions sought)

Relevant provisions of the Inquiry's Consolidated Practice Directions:

Documents filed with this application:

Affidavit of [name] sworn/affirmed on [date]

Submissions dated [date]

Application prepared by:

Name:

Firm:

Street Address:

Telephone No:

Fax No:

Email address:

Reference No.

Signature of applicant or lawyer

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Applicant / Applicant's lawyer

Date: