



Shire of Exmouth

PO Box 21; 22 Maidstone Crescent
EXMOUTH WA 6707
Ph: 9949 1399
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APPLICATION FOR TEMPORARY ACCOMMODATION

Owner/Applicant Details

APPLICANT'S NAME _____

APPLICANT'S RESIDENTIAL ADDRESS

APPLICANT'S POSTAL ADDRESS

POST CODE _____ PHONE _____

Location of Temporary Accommodation

STREET _____

LOT OR LOCATION NUMBER _____

LOCALITY _____

Proposed Term of Temporary Accommodation

(Please specify the period of time you intend to occupy temporary accommodation)

FROM _____ TO _____

DATED _____ SIGNED _____

Application Checklist

BUILDING LICENCE FOR DEVELOPMENT ISSUED: _____

SEPTIC APPLICATION APPROVED: _____

PLAN ATTACHED (INDICATING CARAVAN AND ABLUTIONS LAYOUT): _____

Please return the signed agreement to the Shire's Environmental Health Services