

# Application for a Work Zone Form

Enquiries to: (08) 9461 3168 or (08) 9461 3178



Please complete this application in **BLOCK LETTERS** and return to:-

**In Person**

OR

**By Post**

OR

**By Fax or Email**

Customer Service Centre  
Council House  
27 St Georges Terrace,  
PERTH

City of Perth  
GPO Box C120  
PERTH WA  
6839

Fax: (08) 9461 3082  
Email:  
info.city@cityofperth.wa.gov.au

**Applicant's Details**

Business Name

Business Address

Applicant's Name

Post Code

Phone No

**WORK ZONE DETAILS**

**Proposed Start Date and Finish Date**

Start Date

/ /

Finish Date

/ /

**Location of Proposed Work Zone**

**Site Address**

Please Provide a Sketch showing the location of the work zone, the length and quantity of bays that are affected (if not enough room attach a separate page)

**Applicant's Signature and Date**

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