



SHIRE OF GNOWANGERUP

CUSTOMER REQUEST FORM

NAME: \_\_\_\_\_  
CONTACT NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

REQUEST DETAILS:

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DIAGRAM:  
LOCATION:

SIGNATURE OF CUSTOMER: \_\_\_\_\_

**OFFICE USE ONLY**  
REQUEST NUMBER: \_\_\_\_\_ STAFF NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM  
RECEIVED IN: PERSON/TELEPHONE/FACSIMILE/WRITING/EMAIL