



ABN 42 826 617 380

395 Fitzgerald Street
PO Box 613

Tel: (08) 9622 6100
Fax: (08) 9622 1910

Email: records@northam.wa.gov.au
Website: www.northam.wa.gov.au

PRIVATE WORKS FORM

Job Number: _____ **Order No:** _____

Name: _____

Address: _____

Phone(H): _____ **Phone(W):** _____

Fax: _____ **Email:** _____

Details: _____

Situation / Address: _____

Type of Work: _____

Completion Date: _____

Remarks: _____

MATERIALS			
Description	Qty Delivered	Docket No.	Unit Rate
TOTAL MATERIALS COST			

I, _____ of _____ hereby make application for the works/materials detailed above to be carried out by the Town of Northam. I acknowledge the amount payable by myself will be at the applicable charge out rate noted in the above table. I also acknowledge that I could be required to deposit the estimated cost with Council prior to work commencing. I also understand that should I choose to go ahead with the works, they will be done at Council's convenience.

APPLICANT'S SIGNATURE

DATE

Works are authorised to commence:

OPERATIONS MANAGER

DATE

OFFICE USE ONLY			
Deposit Paid		Receipt Number	
Labour		Invoice Number	
Materials		Dated	
Plant		Amount	
Overheads			
Total			

CHARGE OUT RATE

- ☐ Works at Cost (plus GST)
- ☐ Works in accordance with Schedule of Fees & Charges (includes GST)
- ☐ Quoted Price \$_____ (including GST)