

# Crossover Subsidy Rebate

## Application Form

I/we, Mr/Mrs/Miss \_\_\_\_\_ (PLEASE PRINT NAME)

Hereby make application for the City of Kwinana's crossover subsidy rebate.  
 I/We have completed construction of a crossover at the following address:

**Lot:** \_\_\_\_\_ **No:** \_\_\_\_\_ **Street:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

As specified on the Building Permit Approval (site plan) and in accordance with the City of Kwinana Crossover Specification and Policy.

I/We hereby release the City of Kwinana from liability in relation to any repairs or other forms of reinstatements that may be required to ensure the crossover is compliant.

**Note:** In respect to the first crossover to the land or private thoroughfare, a rebate equivalent to 50% of the total cost of a standard 3m wide crossover, as estimated by the City, will be paid to the applicant when the crossover has been constructed in accordance with the City's "Vehicle Crossover Specifications and Design Plans".

The current rebate is \$120 per lineal meter (GST inclusive). This rebate is subject to change each financial year. The method of calculating the rebate is based on the distance measured between the property boundary and the back of kerb or footpath and does not take into account the footpath area.

**Have you notified the City of your change of address for Rates Notices? - Yes # No #**  
 (if no please provide)

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone : Daytime No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment will be by Electronic Fund Transfer - Complete the attached EFT form**

Office Use Only: Estimated Rebate (\$120/m)				
Finance Department		Depot		
NAR No.		Inspected	Yes #	No #
Parcel No.		Complies	Yes #	No #
Account No.	INFRCO	Subsidy approved	Yes #	No #
Creditor No.				

\*State Reason for Non-Compliance.

Inspected by: \_\_\_\_\_ Date \_\_\_\_\_

Cheque Requisition			
Authorised by:	_____	Date	_____

## **ELECTRONIC FUNDS TRANSFER APPLICATION**

(Please use BLOCK letters)

### **1. Company/Payee Details**

Name -	
ABN -	
Residential Address -	
Postal Address -	
Accounts Contact -	
Phone No. -	Fax No. -
Email Address -	

### **2. Financial Institution Details**

Account Name -	
Bank Name -	Bank Branch -
BSB No. - _ _ _ - _ _ _	Bank Account No. _ _ _ _ _ _ _ _

#### Conditions of Agreement

1. This authorisation is only revocable after 14 days of written notice to the City of Kwinana and upon City of Kwinana's written acknowledgement of such revocation.
2. Any changes in banking details must be immediately notified in writing to the City of Kwinana
3. The City of Kwinana is under no obligation to verify the correctness of the Bank Account details provided
4. The City of Kwinana reserves the right to suspend at any time the EFT payments system and revert to making payments via cheque.
5. The City of Kwinana will not be held responsible for any delays or errors in payments due to factors outside the City of Kwinana's control (including but not limited to those resulting from banking industry systems)
6. The supplier agrees to repay the City of Kwinana on demand any payments credited to the supplier in error. The City of Kwinana reserves the right to offset the amount of any overpayment made in error against future debts or liabilities owing by City of Kwinana to the supplier

#### **DECLARATION**

I/We hereby acknowledge and accept the condition of direct credit as stated in this application

Company Name -
Signature (Signed for and on behalf of company/name) -
Title/Position -
Date -

Please return completed form to [admin@kwinana.wa.gov.au](mailto:admin@kwinana.wa.gov.au) or Fax (08) 9439 0222 or post City of Kwinana PO Box 21 KWINANA WA 6966