BUILDING CONTROL INVESTIGATION REQUEST

To: Municipal Building Surveyor Hindmarsh Shire Council PO Box 250, Nhill VIC 3418 Ph. (03) 5391 4444



PART A - APPLICANT/ COMPLAINANT DETAILS (Please complete all fields)

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Applicant's Name:			
Applicant's			
Contact Address:			
Contact Address.			Postcode
	Ph.	Fax.	Postcode
E-mail Address			
PART B - PROPERTY DETAILS (Property that you are complaining about)			
Lot Number:			
Street Number:			ļ
Street Name:			ļ
Suburb:			
		Postc	ode
DART C DESCRIPTIO	N OF COMPLAINT OF		CULCT
PART C – DESCRIPTION OF COMPLAINT OR INVESTIGATION REQUEST			
PLEASE CONFIRM IF YOU WISH TO REMAIN ANONYMOUS - (Tick) YES Signature: Date:			
PART D - INVESTIGATING OFFICER NOTES (Office Use Only)			