

# WORKS REQUEST



Office Hours  
8:30am – 4:30pm  
Monday to Friday

6177 Great Northern Highway  
PO Box 70  
BINDOON WA 6502

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Complete this form to notify the Shire of any discrepancies and to have the issue resolved. Please note, animals along with abandoned vehicles, illegal dumping, nuisance, firebreaks and rural numbering are the responsibility of Development Services.

## APPLICANT INFORMATION

Full Name			
Residential Address			
Telephone No		Mobile No	
Email Address			

## WORKS REQUEST DETAILS

Location	
Description	Refer to terminology under area / issue to assist with description

## DEPARTMENT

- |   |  |
|---|--|
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Drainage        |
| <input type="checkbox"/> Road Maintenance     | <input type="checkbox"/> Parks & Gardens |
| <input type="checkbox"/> Construction         | <input type="checkbox"/> Other: _____    |

## AREA / ISSUE

ROADS	<input type="checkbox"/> Grading <input type="checkbox"/> Guide Posts <input type="checkbox"/> Kerb	<input type="checkbox"/> Line Marking <input type="checkbox"/> Pothole <input type="checkbox"/> Other
VERGES	<input type="checkbox"/> Pruning (trees / shrubs) <input type="checkbox"/> Spraying	<input type="checkbox"/> Slashing <input type="checkbox"/> Other
DRAINING & CULVERTS	<input type="checkbox"/> Clean <input type="checkbox"/> Maintenance (pipe / headwall)	<input type="checkbox"/> Install <input type="checkbox"/> Other
FOOTPATHS	<input type="checkbox"/> Broken / trip hazard <input type="checkbox"/> Graffiti / vandalism <input type="checkbox"/> Rubbish	<input type="checkbox"/> Glass <input type="checkbox"/> Prune (trees / shrubs) <input type="checkbox"/> Other
SIGNS	<input type="checkbox"/> Graffiti / vandalism <input type="checkbox"/> Replace (missing / updating) <input type="checkbox"/> Other	<input type="checkbox"/> Relocate <input type="checkbox"/> Required
PARKS	<input type="checkbox"/> BBQ <input type="checkbox"/> Equipment / furniture <input type="checkbox"/> Prune (trees / shrubs) <input type="checkbox"/> Other	<input type="checkbox"/> Car Park <input type="checkbox"/> Graffiti / vandalism <input type="checkbox"/> Reticulation
SHIRE BUILDINGS	<input type="checkbox"/> Air-conditioning <input type="checkbox"/> Doors <input type="checkbox"/> Internal (walls / roof / painting) <input type="checkbox"/> Gutters <input type="checkbox"/> Water (system / tap / drains)	<input type="checkbox"/> Alarm (smoke / security) <input type="checkbox"/> External (walls / roof / painting) <input type="checkbox"/> Fencing <input type="checkbox"/> Locks <input type="checkbox"/> Other

## OFFICE USE ONLY

Received by (Officer)		Received via	
Date Received		ICS Number	
Officer in charge		Date	/ /

