



## Application for ownership details for fencing purposes by Contractor/Agent

**TO ENSURE YOUR APPLICATION IS PROCESSED ALL PROPERTY OWNERS DETAILS MUST BE COMPLETED BY THE PROPERTY OWNER**

**Payment must accompany this application – see payment methods at bottom of application.**

Title: *(circle title)* Mr/ Ms/Mrs/Other

Given Name/s: .....

Family /Surname: .....

Date of Birth: --- / --- / ----- (day / month / year)

Residential Address: .....

Postal Address: .....

*(if different from above)*

Tel: ..... Mobile: ..... Email: .....

### Privacy Statement:

Your personal information is being collected for providing adjoining ownership details for fencing purposes in accordance to the *Fencing Act 1968*(Vic). Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for the delivery of services and information. For further information on how your personal information is handled visit Council's Privacy Policy at: <https://www.wyndham.vic.gov.au/privacy-policy>

### Declaration:

**I, being the owner of :** *(please print the property address below)*

.....

Authorise my *(provide contractor / agent details)*

.....

To collect on my behalf the property ownership details for adjoining land to my property for the purpose of serving fencing notices.

**Signature of Owner:**

**Date :** --- / --- / -----

### Contractor / Agent Declaration:

I declare that the information provided will only be used for fencing purposes and agree not to use or disclose the information provided for any other purpose. I also agree to de-identify or destroy the information once used and that the information will not be used for marketing purposes.

**Signature of Contractor/Agent :**

**Date:** -- / -- / ----

**LIST OF ADJOINING PROPERTIES:**

A fee of **\$12.00** will apply to each adjoining property required.

Lot / house Number ..... Street Name .....

Lot / house Number ..... Street Name .....

Lot / house Number ..... Street Name .....

Lot / house Number ..... Street Name .....

**Please forward the information by** *(tick one of the options)*: **Post** ☐ **Pickup** ☐ **Email** ☐

Payment via Cheque *(please attach)* OR Credit Card *(MasterCard or Visa)*

Credit Card Number: ..... Expiry ..... / ..... / .....

Name on Card ..... Signature ..... Amount \$ .....

**When completed submit the form to:**

Wyndham City,  
45 Princes Highway,  
Werribee, Victoria 3030, Australia

PO Box 197, Werribee, Victoria 3030, Australia

Email: [mail@wyndham.vic.gov.au](mailto:mail@wyndham.vic.gov.au)

Tel: 1300 023 411

**OFFICE USE ONLY**

Property Number:

.....

Officer:...

.....

FEN:

.....