

Telephone: (08) 9394 5000 Facsimile: (08) 9394 5184 Website: www.armadale.wa.gov.au

Email: info@armadale.wa.gov.au

Address: 7 Orchard Avenue, Armadale, Western Australia 6112

Thank you for contacting the City of Armadale's Building Compliance Officers regarding this matter.

To submit your request, please complete this form and return it to the City by one of the following methods:

POST	Building Compliance Department					
	City of Armadale					
	Locked Bag 2					
	ARMADALE WA 6992					
EMAIL	info@armadale.wa.gov.au					
FAX	(08) 9394 5184					
IN PERSON	City of Armadale Administration Building					
	7 Orchard Avenue					
	ARMADALE WA 6112					

To ensure that this matter is appropriately investigated, it is important that you provide as much detail as possible. Please contact the City's Building Compliance Officers on 9394 5000 should you require further information about lodging your complaint.

Please Note:

- The City receives a large number of requests relating to various matters and these matters are dealt with in order of receipt or priority, as determined by the City.
- Building Compliance investigations are evidence-based and may take time to determine an outcome.
- If a request is deemed a civil matter, such as a dividing fence issue, damage to private property or tenancy disputes, a mediation service is provided by the Citizen's Advice Bureau (9497 5311) and may be of assistance to you. Alternatively, contact the Magistrates Court (9399 0700) should you require information on civil proceedings.
- Anonymous requests will only be investigated in exceptional circumstances.





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Building Compliance Request Form

Complainant's Details				Response Requi	red	Yes □	No □		
Name(s)									
Email Address									
Contact No.	(H) (W)		(W)	(M)					
Street No. Street Name									
Suburb					Postcode				
Signature				Date					
Property Details									
Date of Incident			Time						
Street No. Street Name									
Suburb					Postcode				
Cummony of Boguest									
Summary of Request									
Receiving Officer's Name:					Date Received:				