

Health Services Investigation Request Form

Should you wish to lodge a request, please complete the following form. It is important that you provide as much information as possible, including the property address of concern, which will assist with the investigation.

Your Contact Details

Name:			
Address:			Suburb:
Contact No:	(H)	(W)	(M)
Email:			Office Use NAR:

Address of Property of Concern

	Office Use PR:
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Name of Person (if known)

	Office Use NAR:
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Nature of Request

✓	Type	Description	✓	Type	Description
<input type="checkbox"/>	Housing / Accommod.		<input type="checkbox"/>	Food / Water	
<input type="checkbox"/>	Refuse / Rubbish		<input type="checkbox"/>	Odour / Fumes	
<input type="checkbox"/>	Pest Control		<input type="checkbox"/>	Dust	
<input type="checkbox"/>	Asbestos		<input type="checkbox"/>	Noise	
<input type="checkbox"/>	Other		<input type="checkbox"/>	(consider Noise Investigation Request form and Log sheet)	

Further Information

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Experience has shown that in order to maintain harmonious relationships, it is better to contact the person causing the issue before asking the City to become involved.

Have you attempted to resolve this matter yourself prior to contacting the City? No Yes

If yes, what was the outcome?

Declaration: I wish to lodge an investigation in relation to the details I have provided and acknowledge that:

1. The City is subject to the Freedom of Information Act 1992.
2. All public health issues will be dealt with in order of priority.
3. Should legal action be necessary I may be required to give evidence in Court.
4. A mediation services is provided by the Citizens Advice Bureau of WA and may be recommended by the City (9221 5711 or Armadale Branch 9497 5311).

		Office Use	
		Date Received:	
Signature		By:	
Date			



Further Information continued: