



**BUILDING CONTROL**

**INVESTIGATION REQUEST**

To: Municipal Building Surveyor Ph. (03) 53829796

Horsham Rural City Council

PO Box 511, Horsham VIC 3402

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| **PART A – APPLICANT/ COMPLAINANT DETAILS** (Please complete all fields) | |
| **Applicant’s Name:** |  |
| **E-mail Address** |  |
| **Applicant’s**  **Contact Address:** | **Postcode:**  **Ph:       Fax:** |

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| **PART B - PROPERTY DETAILS (Property that you are complaining about)** | |
| **Lot Number:**  **Street Number:**  **Street Name:**  **Suburb:** | **Postcode:** |

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| **PART C – DESCRIPTION OF COMPLAINT OR INVESTIGATION REQUEST** |
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**PLEASE CONFIRM IF YOU WISH TO REMAIN ANONYMOUS -** (Tick) **YES**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

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| **PART D – INVESTIGATING OFFICER NOTES** (Office Use Only) |
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