



AUTHORITY FORM (Valuation)

Applicants Name.....

Surname

Christian Names

Address:

Street

Suburb

Post Code

Telephone:

A/Hours

B/Hours

To: Chief Executive Officer
City of Mandurah
P O Box 210
MANDURAH WA 6210

The above party is the applicant in the matter of *(delete as appropriate)*:

1. Subdivision reference number(s)..... as approved by the Western Australian Planning Commission dated/...../20.....
2. Planning consent dated/...../20..... under the City of Mandurah Town Planning Scheme No 3.

We hereby authorise and request that the City appoint a Licenced Valuer _____

to satisfy condition number(s) in the above approval. (Insert agreed Valuer's Name, if known)

We herby undertake and agree to pay all Solicitors costs and City of Mandurah administration fees, in this matter.

We acknowledge that the Valuer will be acting as a Valuer for the City in this matter.

We undertake to pay any account from the Valuer within seven (7) days of receipt.

Signature

Print Name

or

THE COMMON SEAL of)
(ACN) was hereunto)
affixed by authority of its directors in the)
presence of:)

Director

Director/Secretary

Administration Centre: 3 Peel Street, Mandurah WA 6210
Postal Address: PO Box 210, Mandurah WA 6210
Tel: 08 9550 3777 Fax: 08 9550 3888
Email: council@mandurah.wa.gov.au Website: www.mandurah.wa.gov.au