

Fencing Application Form

Live proud.

Owner Details

LANDOWNER'S NAME _____

MOBILE _____ EMAIL _____

CONTACT ADDRESS _____

POINT OF CONTACT NAME (if not landowner) _____

MOBILE _____ EMAIL _____

Property Details

LOT NUMBER _____

STREET ADDRESS _____

ESTATE NAME _____

ESTIMATED HANDOVER DATE _____

I/ We confirm the below:

1. The survey pegs for the above lot are in place and are correctly located on the boundary line.
2. The fence line area is clear and free of obstructions.

SIGNED _____ DATE _____

SIGNED _____ DATE _____

Please return your completed forms approximately 8-10 weeks prior to your date of occupancy to:

MAIL: Customer Care Manager
Fraser's Property Pty Ltd
PO Box 3120
EAST PERTH WA 6892

EMAIL: CustomerCareWA@frasersproperty.com.au