



SHIRE OF WICKEPIN

BUILDING/PLANNING/HEALTH

ENQUIRY FORM

Applicant Details

Name: _____
Address: _____
Email: _____
Phone Number: _____

Enquiry Type (Please select one)

- ☐ Building
☐ Planning
☐ Health

Property Address in Question

Property Address: _____

Description of Enquiry

Please provide a detailed description of your enquiry below:

Office Use Only	
Received Date:	
Record Number:	
Responded:	<input type="checkbox"/> Yes <input type="checkbox"/> No