



CITY OF  
**Rockingham**

# CUSTOMER ACTION REQUEST FORM

Date \_\_\_\_\_

Name and address of person lodging request: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Details of request: \_\_\_\_\_

Property address (or source) of concern: \_\_\_\_\_

**Please Note:**

1. Should you wish to provide further remarks, please use back of form.
2. Please ensure all areas of the form are completed.
3. The City of Rockingham is subject to the Freedom of Information Act 1992.
4. Should legal action be necessary, are you willing to give evidence in court: Yes / No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date