



SHIRE OF GOOMALLING

Office Address: 32 Quinlan Street, Goomalling

Postal Address: PO Box 118, Goomalling WA 6460

Telephone: (08) 9629 1101 Email: goshire@goomalling.wa.gov.au

WORKS REQUEST FORM

Organisation: _____

Contact name: _____ Phone: _____

Email: _____

Address: _____ Post Code: _____

Is your organisation Not for Profit? Yes No

WORK REQUEST

Description of works:

Dates of request:

Urgency level: Low medium high

Preferred date of completion: ____/____/20 ____ From: ____AM / PM To: ____AM / PM

Service Area (tick all that are required)

- Service type: shire buildings footpaths signs
 verges parks & gardens gravel/sand/aggregate delivery
 drains & culverts roads

Payment Options

- INTERNAL (NOT APPLICABLE)
 Upfront Invoice –
Purchase Order Number: _____

Terms & Conditions/ Authorisation

Upon acceptance of the terms, the person requesting works indemnifies the Shire of Goomalling and its employees in respect to any or part thereof on all claims which may be made against them as a result of any loss, damage, death or injury caused by, or in connection with the works being carried out by shire staff.

I _____ Request the Shire of Goomalling to carry out works as above. I also acknowledge that I am responsible for the payment of the works that the Shire of Goomalling provide, and understand that if payment is not made, that the Shire of Goomalling may recover the debt via debt collectors.

By signing this form, you are hereby confirming you are authorised to sign on behalf of your organisation (if applicable) that all information is truthfully completed, and you agree to the terms and conditions set out in this form.

Name: _____ **Signature:** _____

Position: _____ **Date:** _____

Office use only

1. Upon Receipt of Works request Form	Job Allocation		
<input type="checkbox"/> Ensure all details complete <input type="checkbox"/> Receive payment rec#: _____ OR Send to Accounts Receivable cso3@goomalling.wa.gov.au if an invoice has been requested. Note: this form must be signed before we will invoice for works. <input type="checkbox"/> Check with works manager re: expected timeframe <input type="checkbox"/> Send to works manager to arrange work worksmgr@goomalling.wa.gov.au	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Department</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> town & building maintenance <input type="checkbox"/> parks & gardens <input type="checkbox"/> plumber <input type="checkbox"/> road construction & maintenance <input type="checkbox"/> External contractor required </td> </tr> </tbody> </table>	Department	<input type="checkbox"/> town & building maintenance <input type="checkbox"/> parks & gardens <input type="checkbox"/> plumber <input type="checkbox"/> road construction & maintenance <input type="checkbox"/> External contractor required
Department			
<input type="checkbox"/> town & building maintenance <input type="checkbox"/> parks & gardens <input type="checkbox"/> plumber <input type="checkbox"/> road construction & maintenance <input type="checkbox"/> External contractor required			
2. After booking (works manager complete)	WORKS COMPLETE (SIGN OFF BY STAFF COMPLETING WORKS)		
<input type="checkbox"/> Works manager to forward invoicing information to accounts receivable cso3@goomalling.wa.gov.au (if applicable) upfront payment for booking is required until a credit application or signed authorisation (on this form) is completed	Staff Sign-off: _____ Name & Position: _____		

ACCOUNT RECEIVABLE USE			
Received by	Invoice #	Date	Staff sign-off
			Signature: _____