CUSTOMER REQUEST for SERVICE (CRM) FORM

All sections as marked * are to be completed prior to lodging form at Council

All personal details remain CONFIDENTIAL

*Name of person making Request: _____

*Residential Address: _____

*Postal Address: _____

*Contact Number/s: _____ Email: _____

_____ _____

(signature) *(date)*

REQUEST DETAILS

Date of Request: _____

Details of Work Request: _____

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Options to Lodge a Request:

- **In person: at the Civic Centre, 4 Mackay Street, PORT AUGUSTA SA 5700**
- **Posting: Port Augusta City Council, PO Box 1704, PORT AUGUSTA SA 5700**
- **Faxing: (08) 8641 0357**
- **Email: admin@portaugusta.sa.gov.au**
- **OnLine: http://www.portaugusta.sa.gov.au/page.aspx?u=1283**
- **My Local Services app: http://www.lga.sa.gov.au/page.aspx?u=4099**

COUNCIL USE ONLY:

ENTERED INTO CRM SYSTEM BY:_____ **CRM NUMBER:** _____