Geodetic Information Request

CUSTOMER DETAILS:

Customer:..... **Date**:.....

Contact Name:.....**Address**:.....

Suburb:.....**State**: ..... **Postcode**: .....**Your Ref**:.....

Phone: ( ) .....**Fax**: ( ) .....**E-mail**: .....

☐ **Quote** **Quoted Price**:.....

PAYMENT DETAILS:

☐ **Please invoice our LANDGATE account number:** ☐☐☐☐☐☐☐☐

☐ **Enclosed is a cheque/money order,** made payable to **LANDGATE**

☐ **Please charge my:**
☐ Mastercard ☐ Visa ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Cardholder's Name: ..... Expiry Date: .....

☐ Receipt Required

MARKS:

☐ Bench Marks ☐ Standard Survey Marks

Mark Names: _____

_____

DEFINED AREA:

Coordinates: **Zone:** **SW:** _____ _____ **or** **NW:** _____ _____

NE: _____ _____ **or** **SE:** _____ _____

Spatial Area of Interest / Mapsheet: _____

_____

_____

Special Instructions: _____

CUSTOMER CENTRE
LANDGATE
P O Box 2222 MIDLAND WA 6936
Phone: (08) 9273 7555
Fax: (08) 9273 7205
Email: sales@landgate.wa.gov.au

OFFICE USE ONLY

FMIS Code	Charge	Completed by	Date
SS-PERS ATT			
SS-FAX			
Order/Receipt No:			