



RESERVE REPORT

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

DEFINED AREA:

Class: A B C ALL

Format: Hardcopy Digital Text Files

Reserves: Reserves within Reserves vested in

Local Government Authority(s): Code:.....

..... Code:.....

..... Code:.....

Other:

.....

.....

Customer Centre
LANDGATE
ABN: 86 574 793 858
P O Box 2222 MIDLAND WA 6936
Phone: (08) 9273 7333
Fax: (08) 9250 3187
Email: customercentre@landgate.wa.gov.au

OFFICE USE ONLY

Completed:	/ /20	
Cost:	\$	Sign:
Charge:	\$	Discount: %
Service Fee:	\$	Non Ch: \$
Data:	\$	Non Ch: \$
Invoice/Receipt No:		