# Application Form
# Directional Signage
# (Tourist, Services & Community)

**Postal Address**
LMB 7
Inglewood QLD 4387

**Engineering Services**
Ph: 07 4671 7449
Fax: 07 4671 7433

**Internet/Email**
www.grc.qld.gov.au
mail@grc.qld.gov.au

***Applicants shall make themselves familiar with Council's Cost Recovery Fees & Commercial Charges; and Directional Signage (Tourist, Services & Community Facilities) Policy which are available by contacting Goondiwindi Regional Council or on Council's website at www.goondiwindirc.qld.gov.au***

## Applicants Details:

Company Name (if applicable):

☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Given Name/s: Surname:

Postal address:

Email: Contact Number:

## Signage Details:

Application for: ☐ New Signage ☐ Replacement of Existing Signage ☐ Removal of Existing Signage

Signage Inscription:

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Signage Category:

☐ Tourist Attraction ☐ Community Facility

☐ Services ☐ Other:

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## Proposed Location of Signage:

Sign 1: Intersection of and Pointing: North / South / East / West

Sign 2: Intersection of and Pointing: North / South / East / West

Sign 3: Intersection of and Pointing: North / South / East / West

***Note: For signage on state controlled roads, Council will be required to seek approval from the Department of Transport & Main Roads.***

Map/Comments (if required to illustrate location of the proposed signage):

Office Use Only:

Is DT&MR Approval Required: ☐ Yes ☐ No

If yes, has DT&MR approved the application: ☐ Yes ☐ No

Does the application meet GRC policy criteria: ☐ Yes ☐ No

If yes, what are the fees payable: $ ……....

COMMENTS:

*Goondiwindi Regional Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. Your information will not be given to any other person or Agency until you have given us permission or we are required to by law.*