

APPLICATION FOR

Bushfire Attack Level (BAL) Assessment

Applicant/Ow	Date lodged					
Your name	Print name in full					
Postal address	Street					
	Town/locality		Postcode			
Contact	Phone	Mobile				
	Email					
Signature of Applicant OR agent acting with authority of the applicant			Date			
Property Deta						
Property address	Lot No.	DP	or Port			
	Parcel No.	Sect	ion No.			
	Street					
	Town/locality	Po	ostcode			
Any notes or comments that you would like to add						
BAL Rating assessment includes a site inspection						

TEL 02 6499 2222 FAX 02 6499 2200 F20/636 PO BOX 492 BEGA NSW 2550 FMAIL council@begavalley.psw.gov.au.		TOTAL \$		
			Fee	738/97
	ega valley shire council	CRM: BAL Assessment	Receipt type	
			Receipt date	
OFFICE USE ONLY			Receipt No.	