

BUILDING CONTROL INVESTIGATION REQUEST

Reference Number:	
To: Municipal Buildin	
Hume City Counc PO Box 119 Dalla	cil Ph. 03 9205 2200 as 3047 E-mail: contactus@hume.vic.gov.au
PART A – APPLICANT/COMPLAINANT DETAILS	
Applicant's Name:	
Applicant's	
Contact Address:	
	Postcode Ph. Fax.
E-mail Address	Ph. Fax.
PART B - PROPERTY D	DETAILS (Property that you are complaining about)
Street Number: Street Name: Suburb:	
	Postcode
PART C – DESCRIPTION OF COMPLAINT OR INVESTIGATION REQUEST	
Signature: Date:	
PART D – INVESTIGAT	ING OFFICER NOTES (Office Use Only)

This information is collected for the purposes of complying with the requirements of the Building Act 1993. Council will not disclose this information unless it is permitted to do so in accordance with the Act(s), or per the provisions of Council's Information Privacy and Health Records Policy. Failing to provide sufficient or necessary information may limit Council's ability to provide related service(s).