



APPLICATION FORM

Vincent Light and Safe – free motion sensor light and installation for victims of crime, or those who may be susceptible to crime

TOWN OF VINCENT

Please note that there is no guarantee a free motion sensor light and installation can be provided to all applicants. Please return this application form to: Vincent Light and Safe Motion Sensor Lighting, Town of Vincent, PO BOX 82, LEEDERVILLE WA 6902

SECTION A- APPLICANT DETAILS (to be completed by the applicant)

1. Name of applicant: _____ Signature: _____

2. Phone numbers: _____

3. Postal address: _____

4. Address where items are to be installed: _____

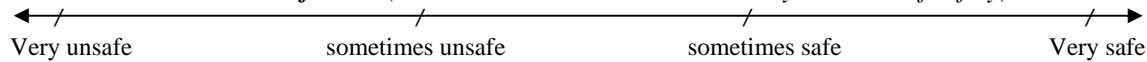
5. Do you have a valid Pensioner Concession Card? NO / YES Healthcare Card? NO / YES

Card number: _____ Expiry date: _____

Attach a photocopy of the relevant card with this form

6. Rate your sense of personal safety (this is used to evaluate effectiveness of project):

'In or around the home I feel...' (Mark on the continuum line below your sense of safety)



7. Are you a person who has been a victim of crime or is susceptible to crime? NO / YES If yes please include brief statement on the situation that you the individual, finds themselves in and how a motion sensor light and installation will benefit you?

8. Authority for Installation: ARE YOU THE OWNER?

Yes Signature of Owner _____ No

The authority of the owner (or a landlord/ property manager authorised to act on their behalf), is required. Please enter their details and get them to sign the declaration.

Name of Owner _____
(or landlord/property manager authorised to approve on behalf of the owner)

Phone number for above person: _____

Postal address: _____ Postcode _____

Declaration of Owner/agent: "I _____ approve the installation by the Town's appointed Electrical contractor of motion sensor light to the property named at question 4 and understand that the Town accepts no liability and that the recipient owner will be responsible for any future maintenance and repair of motion sensor light beyond installation" Signature: _____

OFFICE USE ONLY

SECTION B- ASSESSMENT (To be completed by the Town of Vincent)

Approved? YES/NO

Assessed by: _____ Date: _____ Signed: _____

Notes:

Owner contacted? Yes/No Recipient notified? Yes/No Contractor notified? Yes/No