CITY OF VINCENT

Email: mail@vincent.wa.gov.au
Phone: (08) 9273 6000
Address: 244 Vincent Street, Leederville, WA 6007
Postal Address: PO BOX 82, Leederville WA 6902

Office Use Only:

DOCUMENT RETRIEVAL REQUEST FORM

FEES AS PER THE CITY'S SCHEDULE OF FEES & CHARGES 2026/2027

DOCUMENT TYPE (TICK ALL THAT APPLY)

☐ Copy of Building Permit / Licence, Demolition Permit / Sign Licence	$50.00
☐ Copy of Occupancy Permit / Certificate of Classification (not available prior to 2011)	$50.00
☐ Copy of Built Strata Certificate	$50.00
☐ Building Approval Certficate	$50.00
☐ Fire Engineering Reports, Accoustic Reports	$50.00

Every additional document required thereafter is $20.00

Disclaimer: Fees must be paid upon submission. Fees are non-refundable, even if documents are not found. Expected turnaround time: within 10 business days.

Please note: This is only for documents held at City of Vincent. Plans will not be supplied with this application. You may require an Archive Search.

If unsure, please contact the **Information Management Department** on **9273 6063**.

The City will provide documentation by email. It the attachments are too large we will provide access to documents via Share Point link.

ADDRESS OF PROPERTY TO BE SEARCHED

Unit Number:	Street Number:	Lot Number:	Strata Plan:
Street Name:		Suburb:	
Year Built (if known):		Approx. Approval Year(s):	

OWNER(S) OF LAND DECLARATION

I/We, _____, being the current Owner(s) of the property listed above, request a search of historical documents as indicated.

We collect your personal information to process your request in accordance with the standards set out in the *Privacy and Responsible Information Sharing Act 2024* (PRIS Act). By completing this form, you confirm that you have read and acknowledge the collection of your personal information. For full information about how we handle your personal information, please visit our privacy statement page on the City of Vincent website.

APPLICANT DETAILS

Contact Name:		Company Name:
Street Address:		Suburb:
Post Code:	Tel (Home):	Tel (Bus):
Tel (Mobile):		Email:
Signature of Applicant:		Date:

AUTHORISATION (IF A THIRD PARTY IS REQUESTING)

I/We, _____, being the current Owner(s) of the property below.

Lot Number:	Street Number:	Unit Number:
Street Name:		Suburb:

hereby authorise:

Contact Name:	Company Name:
Signature of Owner:	Date:

OWNER CONTACT DETAILS

Tel (Home):	Tel (Bus):
Tel (Mobile):	Email:

CREDIT CARD PAYMENT DETAILS

(Only complete if paying by credit card. Amex and Diners Club not accepted)

☐ Visa ☐ Mastercard	Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	
Cardholder Name:	Expiry Date: ☐☐/☐☐	CVC: ☐☐☐
Signature of Applicant:		Date:

OFFICE USE ONLY

Completed by:	Date:
☐ Authority ☐ Content Manager	