

**Request for Adjoining Property  
Ownership Details for Fencing Purposes  
in accordance with section 14(2)  
of the *Fences Act 1968***

**Please note:** proof of identity is required (e.g. driver's licence or Rates Notice)

APPLICANTS DETAILS	
Surname:	Given name:
Company name (if applicable)	
Address:	
Suburb:	Postcode:
Phone no.:	Email:

PROPERTY ADDRESS (IF DIFFERENT FROM APPLICANT'S ADDRESS)		
Address:		
Suburb:	Postcode:	OFFICE USE ONLY Property no:

ADJOINING PROPERTY #1 DETAILS		
Address:		
Suburb:	Postcode:	OFFICE USE ONLY Property no:

ADJOINING PROPERTY #2 DETAILS		
Address:		
Suburb:	Postcode:	OFFICE USE ONLY Property no:

ADJOINING PROPERTY #3 DETAILS		
Address:		
Suburb:	Postcode:	OFFICE USE ONLY Property no:

DECLARATION	
I declare that the personal information provided by the Greater Dandenong City Council will be used solely to facilitate the fencing matters outlined in this request in accordance with the <i>Fences Act 1968</i> and that the information will be kept secure and will not be retained, copied or disseminated for unrelated purposes and that upon completion, the information will be either de-identified or destroyed.	
Signature of applicant:	Date:

PRIVACY STATEMENT
The personal information you have provided in this form is being collected for the purpose of providing you with the details of adjoining property owners for fencing purposes in accordance with the <i>Fences Act 1968</i> . Your personal information will not be disclosed to any external party without your consent, unless required or authorised by law. If you wish to access or alter this personal information, please contact Council's Information Privacy Officer on 8571 5100. Greater Dandenong City Council is strongly committed to the responsible handling of personal information and is compliant with the <i>Privacy and Data Protection Act 2014</i> . A copy of our Privacy and Personal Information Policy is available on Council's website <a href="http://www.cgd.vic.gov.au">www.cgd.vic.gov.au</a> or from any of Council's Customer Service Centres.

OFFICE USE ONLY	
Date:	Applicant's property no:
ID sighted: <input type="checkbox"/> YES <input type="checkbox"/> NO	Owner details given: <input type="checkbox"/> YES <input type="checkbox"/> NO
CSO name: <input type="checkbox"/> Dandenong <input type="checkbox"/> Springvale <input type="checkbox"/> Parkmore	



Phone **8571 1000**



Fax **8571 5196**



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