Payment Form

APPLICATION NUMBER

_____

THE APPLICANT

Name:

Address:

Postcode: Phone (during business hours):

THE LAND

Address of the property:

Payment Details

Payments – GST inclusive):

Amount: $……. (GST Inclusive)

Details provided by:……..

Signature:…… Date:……

☐ Cheque made payable to City of Port Phillip; OR

☐ Credit Card payment.

☐ Visa ☐ AMEX ☐ Mastercard

Card Number	_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _
Expiry date	_ _ / _ _
Name on card	
Signature	

Date:

Please return completed form to:

Planning and Building Business Support Group, Private Bag No 3, PO St Kilda 3182

Or by Facsimile: 03 9536 2740