



RURAL CITY OF WANGARATTA

STOCK CROSSING APPLICATION FORM

**PLEASE PRINT ALL DETAILS CLEARLY**

NAME OF APPLICANT: ..... Phone: .....

POSTAL ADDRESS: .....

.....

PROPERTY DETAILS: .....

(e.g. Lot No.; LP No.

Crown Allotment No.; etc) .....

ROAD NAME: .....

PROPOSED LOCATION OF CROSSING: .....

(Distance from nearest intersecting road  
and name of intersecting road) .....

.....

(Location shall be clearly marked with white stakes each side of the road, prior to  
application being lodged)

FREQUENCY OF USE PER YEAR: .....

MAXIMUM DISTANCE OF ROAD USED: .....

NO. OF HEAD OF STOCK USING CROSSING: .....

DETAILS OF WARNING DEVICES TO BE INSTALLED (Council may vary the  
proposal after inspecting the site):

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Attach sketch of proposal.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Contact: Rural City of Wangaratta, 62-68 Ovens Street, Wangaratta 3676, Phone 5722 0888