

Form 4

Claim for Compensation for Injurious Affection

Peel Region Scheme

To the Western Australian Planning Commission

Owner details*	
Name:	
Address:	
	Postcode:
Phone (home):	
(work):	Fax:
(mobile):	E-mail:

[\* If the claim is made under section 33 (1) (a) of the *Western Australian Planning Commission Act 1985*, the details are to be those of the owner of the land at the date of reservation or alteration of the reservation, as the case requires.

If the claim is made under section 33 (1) (b) of the *Western Australian Planning Commission Act 1985*, the details are to be those of the owner of the land at the date of date of the application for approval to carry out development.]

Contact person:		
Signature:	Date:	
Signature:	Date:	
<b><i>The signature of the owner(s) is required on all applications. This application will not proceed without that signature.</i></b>		
Details of property in respect of which claim for compensation for injurious affection is made		
Lot No.:	House/Street No.:	Location No.:
Diagram or Plan No.:	Certificate of Title Vol. No:	Folio:
Diagram or Plan No.:	Certificate of Title Vol. No:	Folio:

