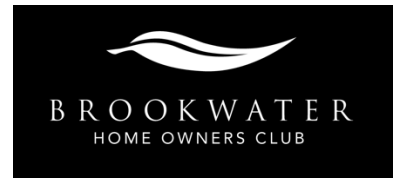


Request for Access through BHOC Common Property



PROPERTY OWNERS DETAILS

Contact Name:	Phone:
Postal Address:	
Email:	

REQUEST DETAILS

Subsidiary Name:		Date of request:
House No:	Street Name:	
Lot No:	RP/SP No:	
Reason for Access:		
Third Party Access Required: YES / NO		
Proposed Start Date:	Proposed Finish Date :	

THIRD PARTY DETAILS

Business Name:	
Contact Name:	Phone:
Postal Address:	
Email:	

ATTACHMENTS

Public Liability Insurance COC: YES / NO
Plan of works: YES / NO
Other:

Request for Access through BHOC Common Property



ASSESSMENT DETAILS

Date of BHOC Site Inspection/Assessment:
Outcomes of Inspection Assessment:
Recommendation to BHOC:
Decision: ACCESS GRANTED / DECLINED
Comments:
Date of Meeting:
Members Present:

NOTIFICATION TO PROPERTY OWNER

Date:	Method:
Notes:	