



CIRCULAR HEAD COUNCIL

33 Goldie Street
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ABN: 43 826 151 424

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WEED NOTIFICATION FORM

Applicant Details:

Full Name: _____

Postal Address: _____

Telephone Contact: _____

E mail Contact: _____

Date : _____

Description of Weed or Name (if known)

Location of Weed:

(Attach a plan and indicate property address and road name if known.)

General Comments:

Feedback Required Yes No

Information Required Yes No

Office Use Only

PID: _____ DW No _____