

FORM

Street Naming



Section 1 – Applicant Details

Company Name:

Contact Name:

Postal Address:

Suburb:

Postcode:

Telephone:

Mobile:

Email address:

Note: By providing an email address, you are giving Logan City Council consent to use this address to communicate with you for purposes relating to this service/activity.

Section 2 – Application Details

Reconfiguring a Lot Application Number:

Operational Works Application Number:

Copy of approved plan of development attached:

Yes

No

Section 3 – Proposed Street Names

Street		Proposed Street Name
Street 1	Option 1	
	Option 2	
Street 2	Option 1	
	Option 2	
Street 3	Option 1	
	Option 2	
Street 4	Option 1	
	Option 2	
Street 5	Option 1	
	Option 2	
Street 6	Option 1	
	Option 2	

Privacy Collection Notice:

Logan City Council is collecting your personal information (e.g. name, contact details) in order to process this application. Your personal information will be accessed by employees of Logan City Council to process this application and ensuring we are able to remain in contact with you regarding the status of your application. Your information will not be given to any person or agency unless you have given us permission or we are required by law.

Logan City Council

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