# FENCING FORM

Rates Department
Mid Murray Council
PO Box 28
Mannum SA 5238

To whom it may concern

I wish to obtain my neighbours contact details for the purpose of erecting a boundary fence.

Property Owner/s:_____

Property Address: _____

_____

**I understand a government provided photo identification will need to be sighted or provided upon request of the above information**

Yours faithfully

Signature:_____

Date:_____

Contact Name:_____

Postal Address: _____

_____

Contact Number:_____

Email Address:_____

Office Use Only

☐ Identification Sighted Form of ID: _____

_____ _____
Signature Date

Submit