



REQUEST FOR PHOTOCOPYING OR PRINTING

Please complete this form and return to the Council Office:

In person: 29 Holland Street Kingston SE SA 5275 or **Email:** info@kingstondc.sa.gov.au

Name of Applicant: _____

Organisation: _____

Postal Address: _____

Phone: _____ Email: _____

Requested By: _____

**Whilst every effort will be made to complete the photocopying/printing in requested timeframe, unforeseen delays may occur*

I agree to my email and phone number being added to Council's database. ☐ Yes ☐ No

Please list photocopying/ printing request below:

Total Cost of Job: _____

Approved by Applicant: _____

Office Use Only

Application Approved: YES/NO

Authorised by: _____

Officer name: _____

Date: _____

Paid: _____