



Neighbour Permission Form

Residential Standard Install

Prospective customer request for consent

▶ First name

▶ Surname

▶ Street address

State Postcode

I/we wish to install a TransACT pay TV and/or internet service and/or phone service at the premises. TransACT has established that I/we require my neighbours'/my neighbour's landlords' permission to carry out some or all of the works specified at the address listed below before our services may be connected.

I acknowledge that the supply of this service is subject to the consent of my neighbour before our services may be connected and should that consent be withdrawn at anytime, the service will need to be disconnected and I release TransACT from any cost or expense incurred as a result.

▶ Signature

▶ Date / /

Neighbour's consent

To the Owner/Occupier at:

▶ Street address

State Postcode

TransACT requires your and/or your landlords' permission to carry out some or all of the work specified below before your neighbours services may be connected.

- Cross this property with overhead cable
- Cross this property via an underground trench
- Lift pavers in order to access underground trench
- Have cable attached to your roof in order to reach the prospective customer's property
- Have cable run through your roof in order to reach the prospective customer's property.

▶ Comments

This permission is completely at your and/or your landlords' discretion. Please be assured that TransACT will endeavour to return any property to its original condition after work has been completed.

▶ I,

confirm that:

1. I am the owner/an authorised representative of the owner of the premises;
2. I am authorised to grant this consent; and
3. I hereby consent to have cable run across my property
Yes No

▶ Signature

▶ Date / /

When consent has been provided, please send this form to your local TransACT branch.

Ballarat
10 Neerim Crescent
Mitchell Park Ballarat VIC 3355
Fax: 03 5322 5601

Geelong
16 Thompson Road
North Geelong VIC 3215
Fax: 03 5247 1601

Mildura
65 The Crescent
Mildura VIC 3500
Fax: 03 5021 0096

When completed, please keep a copy for yourself and place this from in your neighbours letter box. Thank you for your cooperation.