



EVENT APPLICATION COVER PAGE

*Applications must be registered with Fremantle Ports
60 days prior to the proposed event date*

PLEASE COMPLETE THE FOLLOWING DETAILS

Company: _____

Contact: _____

Telephone Number: _____ Mobile: _____

Event Name: _____

Event Type: _____

Proposed Event Area/Location: _____

Event Date: _____

Event Time/Duration: _____

Event Type: _____

FREMANTLE PORTS INTERNAL OFFICE USE ONLY

<u>Section:</u>	<u>Signature:</u>	<u>Date Received/ Forwarded:</u>
External Affairs	_____	_____
Port Operations	_____	_____
Waterfront Project Team	_____	_____
Property Management	_____	_____
Port Services	_____	_____
Safety & Environment	_____	_____
Passenger Terminal	_____	_____
Electrical/Communications	_____	_____
Maintenance	_____	_____
Other	_____	_____
External Affairs	_____	_____