

## Site tour request form

Please completed and send back to railinfo@pclrail.com.au or fax 9263 6849

## **REQUEST CONTACT DETAILS**

| Name         |  |
|--------------|--|
| Organisation |  |
| Telephone    |  |
| Mobile       |  |
| Email        |  |
| Address      |  |

## **REQUESTED SITE TOUR DETAILS**

| Preferred date                         |  |  |
|--|--|--|
| Preferred time                         |  |  |
| Preferred duration                     |  |  |
| No. visitors                           |  |  |
| Details about the group                |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Why you would like the tour            |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| What would you like to know more about |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## PERTH CITY LINK RAIL ALLIANCE TO COMPLETE

| Date received  | Time received |
|----------------|---------------|
| Assigned to    | PPE required? |
| Recommendation |               |