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| Court Use Only | | Court at Perth | Claim No: |
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| Claimant | Name: | | |
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| Respondent *Attach Form 28 if more than one respondent* | Name: | | |
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| Title of Document |  | | |
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| By email: | | |
| By fax: | | |
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| Signature and Date *(\*Select that which is appropriate)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Claimant\*/Claimant’s Lawyer\*/Agent\* Respondent\*/Respondent’s Lawyer\*/Agent\*    Date | | |
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| Date of Lodgement and Seal of Court | Lodged in the Industrial Magistrates Court, Level 17, 111 St Georges Terrace, PERTH WA 6000  Telephone: (08) 9420 4467  Website: [www.imc.wa.gov.au](http://www.imc.wa.gov.au)  Date lodged \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time lodged \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Clerk of the Court | | |