

All communications to be addressed to the General Manager
PO Box 249, Coonamble NSW 2829

Application for Hire of Cat Trap

Council Cat Trap Conditions of Usage

In the hiring of Council's cat trap, I/we acknowledge the following conditions of use and agree to adhere to Council's requirements:

1. All questions on this application form are to be completed.
2. Relevant payments (deposits) MUST be made at the time of lodging this form.
3. The user organization/individual is responsible for the cleaning of the trap after use.
4. The user organization/individual is responsible for any vandalism or damage caused during times of use.
5. Council will inspect the trap after use and accounts will be forwarded to me (applicant) for the cost of any repairs/replacement which may be necessary.

Signature: _____ Date: _____

Applicant Details:

Name: _____

Address: _____

Phone: _____

Application Details:

Number of cat traps required (please circle) 1 2 3 4 5

Date collected: _____ Return Date: _____

Place of usage: _____

Date Paid: _____ Receipt: _____ Security (1074-5500-0000): \$63.00

Copy to Creditors Copy to Ranger

Date (returned): _____ Deposit returned / Cost of repairs (if applicable) \$ _____

Signature: _____ Date: _____ Copy to Creditors:

Refund (1740-5500-0000): EFT Date: _____

Signature: _____ Date: _____

NOTIFICATION OF BANK ACCOUNT DETAILS FOR EFT (Electronic Funds Transfer) PAYMENT FROM COUNCIL

No coversheet required if sending by fax: 02 6822 1626

Company Name _____

Address: _____

Email: _____

ABN: _____

Name of Bank: _____ Branch Location: _____

Account Name: _____

BSB: _____ Account No: _____

Reference Details: _____

Authorised Person's Name: _____
(Please print)

Signature: _____ Date: _____

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OFFICE USE ONLY: CREDITOR NUMBER _____

DETAILS ENTERED BY: _____ DATE: _____