

## 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 organisation/individual is responsible for the cleaning of the trap after use.
4. The user organisation/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 (1000-5500-0002): **\$65.00**

Copy to Creditors     Copy to Ranger

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Copy to Creditors:

Refund (1074-5500-0000):     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: \_\_\_\_\_

.....  
OFFICE USE ONLY: CREDITOR NUMBER \_\_\_\_\_

DETAILS ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_