

## WASTE & RECYCLING - GENERAL

## Applicant Details

Name:			
Organisation:			
Address:			
Contact Number:			
Email:			
Bank Acct Details:*	BSB:	Acct No:	
		Acct Name:	

\* For refund of deposit, where eligible.

## Booking Details

Event Being Held:		
Sport Being Played:		
Facility Required:		
Date(s) Required:		
Time(s) Required:	Start:	Finish:
Access Required Before / After Function: YES / NO	Time Access Required:	

**Area(s) Required (please tick or check):**

Gulargambone	<input type="checkbox"/>	Quambone	<input type="checkbox"/>	Coonamble	<input type="checkbox"/>	Coonamble	<input type="checkbox"/>
Other (please specify):		Community event	<input type="checkbox"/>	Racecourse	<input type="checkbox"/>	Showground	<input type="checkbox"/>

### Other Requirements:

Traffic control ☐      Test & Tag ☐      Training facility ☐      Red bins ☐

Number of staff required ☐      Skip Bin (15m<sup>3</sup>) ☐      Skip Bin (5 or 6m<sup>3</sup>) ☐

**NOTE:**

- *If doors/windows/gates are left open or unlocked after use, Council may charge applicant a call-out fee.*
- *If facilities are left unclean or damaged after use, Council will clean at applicant's cost*
- *Meter is read before and after use and charged accordingly.*

On behalf of the organisation for whom I am making this booking, I acknowledge that the requested facility is an asset shared with other organisations and members of the community and, therefore, agree to utilise the requested facilities and services within the times specified above, such that no inconvenience is caused to other users. I acknowledge that my club and members have no greater privileges in using these shared facilities than any other user.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE**

Date: \_\_\_\_\_ Event added to Calendar ☐ Register ☐ Security Deposit: \$ \_\_\_\_\_

Invoiced ☐ Paid ☐ Invoice No: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Invoice No: \_\_\_\_\_

Return Deposit: Yes ☐ No ☐ Cost of Repairs: \$ \_\_\_\_\_

Venue Checked ☐ Date Checked: \_\_\_\_\_

Insurance: Yes ☐ No ☐ (Copy is held on file at Council/Copy is attached) Deposit Refunded ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_