

The information you provide in completing this application/form is considered 'personal information' for the purposes of the *Privacy and Personal Information Protection Act, 1998.*Coonamble Shire Council collects, stores, accesses, uses and discloses any personal information you provide in order to facilitate services, customer requests and Council business, in accordance with obligations under the *Privacy and Personal Information Protection Act, 1998* and Council's Model Privacy Management Plan. The retention and disposal of your personal information is governed by the Local Government Record-Keeping Rule GA39. Council takes all reasonable and appropriate steps to protect the privacy of individuals as required by law.

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:				
Application Details:				
Number of cat traps re	equired (please circle)	1 2 3 4	5	
Date collected:		Return Date: _		
Place of usage:				
Date Paid:	Receipt:		Security (1000-5500-0002): \$70.00	
Copy to Creditors □	Copy to Ranger □			
Date (returned):		Deposit returned □ / Cost of repairs (if applicable) \$		
ignature:		Date:	Copy to Creditors:	
Refund (1074-5500-00	000): □ EFT Date:			
Signature:		Date:		



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NOTIFICATION OF BANK ACCOUNT DETAILS FOR EFT

(Electronic Funds Transfer)

PAYMENT FROM COUNCIL

No coversheet required if sending by fax: 0.	2 6822 1626		
Company Name:			
Address:			· · · · · · · · · · · · · · · · · · ·
Email:			
ABN:			
Name of Bank:		Branch Location:	
Account Name:			
BSB: Accoun	nt No:		
Reference Details:			
Authorised Person's Name:	(Please	print)	
Signature:			
OFFICE USE ONLY: CREDITOR NUMBER	₹		
DETAILS ENTERED BY:	DATE:		