

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.

WASTE & RECYCLING - GENERAL

Applicant Details						
Name:						
Organisation:						
Address:						
Contact Number:						
Email:						
Bank Acct Details:*		cct No:				
* For refund of deposit, where eligit		cct Name:				
Booking Details	Jie.					
Event Being Held:						
Sport Being Played:						
Facility Required:						
Date(s) Required:						
Time(s) Required:	Start:		Finish:			
Access Required Before	/ After Function: YES / <u>Time Access Required:</u>					
NO					•	
Area(s) Required (pleas	se tick or check):					
The carton resident car (leaves	, o o.o o. oo , .					
Gulargambone	Quambone		Coonamble		Coonamble	
Other (please specify):	Community event		Racecourse		Showground	
Other Requirements:						
Traffic control	☐ Test & Tag		Training facility		Red bins	
Number of staff required	Skip Bin large		Skip bin small			
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 OFFI	CE USE			
Date:	Event added to Calenda	r	Register		Security Deposit: \$	
Invoiced Paid Paid	Invoice No:		·		Invoice No:	
Venue Checked 🗌	Date Checked:		Return Deposit: `		No 🔲 f Repairs: \$	
Insurance: Yes No No	(Copy is held on file at C	ouncil/Copy	is attached)		Deposit Ref	unded 🗌
Signature:				Date	:	