

APPLICATION FOR LOAN OF ANIMAL CAGE

Applicant Details	
Surname:	Address:
Given Name/s:	
Mobile:	Date of Birth:
Home/Work:	Drivers Licence / ID:
Email:	

Loan Conditions
<ul style="list-style-type: none"> Maximum loan period for an animal cage is 7 days. In the event that the animal cage is damaged or lost, the applicant agrees to pay the cost of repair or replacement. The applicant will keep the animal cage on their private property at all times and indemnify Council against any claim for any damage arising out of injury to any person, animal, property or other whilst the cage is on their private property. Council is responsible for the removal of any animals caught in the cage. Animals caught in the cage are to be humanely cared for by the applicant until a Council Officer collects it/them. The cage is not be loaned to another person. Council is to be immediately notified once an animal is caught in a cage, for collection by a Council Officer.

Privacy Information
<p>In using this form you are providing personal information such as name and contact details. This information will be used only for the purpose stated above and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the <i>Information Privacy Act 2009</i>. This information may be stored in relevant databases. The information collected will be retained as required by the <i>Public Records Act 2002</i>.</p>

Declaration by person making this application		
<p>I/We, the applicant, declare that the above information is correct in all respects, at the time of lodgement of this application with the Fraser Coast Regional Council. Should any of the details given in relation to this application be changed in the future, the applicant shall advise the Fraser Coast Regional Council in writing prior to any such change being implemented. I/We agree to the conditions listed above.</p>		
<table style="width: 100%;"> <tr> <td style="width: 50%;">Signature:</td> <td style="width: 50%;">Date:</td> </tr> </table>	Signature:	Date:
Signature:	Date:	

OFFICE USE ONLY		
Officer Initials:	Cage Number:	Due Back:
RETURN INFORMATION		
Officer Initials:	Damaged? N / Y	Date Returned:

Please tear off and destroy upon return of trap

Credit Card Details (as they appear on card)	
Surname:	Given Name(s):
VISA / MASTERCARD	Card Number:
Expiry Date:	CCV:
Cardholder Signature:	