BELLINGEN
SHIRE COUNCIL

33 Hyde Street, BELLINGEN 2454
P.O. Box 117 BELLINGEN NSW 2454
www.bellingen.nsw.gov.au
E. council@bellingen.nsw.gov.au
T. (02) 6655 7300
ABN: 26 066 993 265

Booking form
Council Marquee(s) &/ or Furniture

1. APPLICANT DETAILS

Mr		Mrs		Ms		Miss		Other:	
Given Name (s)									
Surname									
Company/organisation						ABN			
Postal Address									
Contact Number									
Contact Email									

2. ITEMS REQUIRED (please tick)

	Plastic Chairs (stored at Raleigh depot)	Number of chairs required	
	Portable Water Filters		
	Cancer Institute marquee 3m x 6m (stored at Raleigh Works Depot and may require a trailer to transport due to weight)		

3. BRIEFLY DESCRIBE THE PURPOSE AND LOCATION OF THE EVENT

4. COLLECTION/RETURN DATE(S) AND TIME(S)

Collection Location	Collections Date	Collections Time	Return Date	Return Time

5. INSURANCE DETAILS

Conditions of approval						
• Persons or organisations are required to hold current public liability insurance for a minimum of $20 million. • Bellingen Shire Council should be noted on the policy as an interested party.						
Insurance Company Name						
ABN		Policy number		Expiry date		
Copy of current public liability attached				Yes		No

6. APPLICANT SIGNATURE(S)

Signature of applicant		Date	
Signature of applicant		Date	

You can submit this application form to Council by emailing it to council@bellingen.nsw.gov.au or by bringing it into our Council Administration Building.

Privacy Statement

Bellingen Shire Council (Council) is committed to protecting your privacy and takes reasonable steps to comply with all relevant legislation., including the *Privacy and Personal Information Protection Act 1998*.

The personal information requested on this form will only be used to fulfil the purpose for which it is being collected as described on this form.

The supply of information by you is voluntary, but if you cannot, or do not wish to, provide the information sought, we may not be able to process your application.

OFFICE USE ONLY

7. FEE DETAILS

Description	Account Numbers	Amount

8. PAYMENT DETAILS

Amount Paid:		Date paid:		Receipt Number	