



KATHERINE TOWN COUNCIL
 24 Stuart Highway, Katherine
 records@ktc.nt.gov.au
 Ph: 08 8972 5500
 Fax: 08 8971 0305
 ABN: 4783 6889 865

EQUIPMENT HIRE APPLICATION

EQUIPMENT HIRE TYPE

DOG or CAT TRAP

CITRONELLA COLLAR

SOUND & VIBRATION COLLAR

(Please circle one)

PERSONAL DETAILS

Title: _____ Given Name: _____ Last Name: _____

Residential Address: _____

Contact No: _____

Email Address: _____

Animal Name: _____ Registration Number: _____

Bank Account Name (for deposit refund): _____

BSB: _____ ACCOUNT NO: _____

CONDITIONS OF HIRE

- Equipment is available from the Katherine Town Council, Monday to Friday between the hours of 8.00am - 4.00pm
- Maximum hire period is two (2) weeks.
- Dogs will only be removed from traps during Council office hours.
- Traps requiring to be dropped off or collected may incur a fee as per current Fees & Charges.
- An additional fee will apply for late returns and is charged per day.
- All equipment must be returned in the same condition as when hired out from Council.
- Any loss and/or damage to equipment is the responsibility of the hirer. It is agreed that Katherine Town Council will forward an account for any replacement or repairs that are deemed necessary at the completion of the hire period.
- Dog collars will only be hired out to owners with registered dogs and proof of registration is required.
- There is no hire fee for the use of cat/dog traps or collars, only a deposit must be paid. All refunds of deposits will be electronically transferred to the hirers nominated bank account at the completion of the hire.

I, _____ have read and fully understood all the conditions and regulations and will abide by same, and that the registration number supplied is correct.

 Signed _____ Date _____



OFFICE USE ONLY

HIRE TYPE & DEPOSIT DETAILS

Amount paid:		Receipt No:	
Equipment collection date:			
Equipment return date:			
Deposit amount returned:			
Additional day or late fee/s (if applicable):			

RETURN OF EQUIPMENT

I, _____, an Authorised Officer of Katherine Town Council, hereby advise that I have inspected the returned goods and authorise the refund of the deposit monies paid.

Signed

Date

Privacy Statement

The information requested by this form is being collected by the Council for the purpose of a sign application and amongst other things, providing appropriate services to ratepayers, carrying out the Council's functions, and in some cases, for compiling and reporting statistics. If you do not provide the information Council may not be able to process your application. The Council may disclose the information provided by you on this form to other government bodies, as required or authorised by By-Law 86, or in accordance with our Privacy Policy, which is available on our website www.ktc.nt.gov.au or on request from the Council office. You may obtain access to your personal information held by Council by submitting an application form that is available at Council or by contacting the Customer Services Officer on 08 8972 5500.