**Privacy Statement:** Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of processing your application. Council is authorised to do this under the *Local Government Act 2009*. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

**This form is to be completed when requesting to hire a weed spray unit/splatter gun. A bond is payable upon hire of the unit/ splatter gun which will be refunded once the unit/splatter gun is returned in a satisfactory condition. Please refer to the Weed Spray Unit/Splatter Gun Hire Factsheet for further information.**

**Weed Spray Unit/Splatter Gun Hire Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Details** | | | | | | | | |
| Organisation/Hirers name: | | | | | | ABN: | | |
| Contact name: |  | | |  | | |  | |
|  | First | | | Middle | | | Last | |
| Residential address: | | | | | | | | |
| Preferred contact number: | | | | Email: | | | | |
| **Hire Location and Dates** | | | | | | | | |
| Address/s Weed Spray Unit/Splatter Gun to be used: | | | | | | | | |
| Unit to be hired: ***□*** Weed Spray Unit***□*** Splatter Gun | | | | | | | | |
| Hire from: | | to: |  | | Total number of days: | | | |
| Target Species: | | | | | | | | |
| Approximate area to be treated: | |  |  | | Approximate density: | | | |
| **Declaration** | | | | | | | | |
| I submit this Weed Spray Unit/Splatter Gun Hire Form with the relevant supporting documentation and fee as required. I have read and understood my obligations for operating and returning the Weed Spray Unit/Splatter Gun in good working order and am fully aware I will be responsible for repair costs if it is deemed I am responsible for any damage to the unit. I declare that the details are correct to the best of my ability. | | | | | | | | |
| Name: | | | Signature: | | | | | Date: |
| **Supporting Documentation** | | | | | | | | |
| Please remember to provide the following supporting documentation when submitting this form:  ***□*** Credit Account Application Form *(if applicable)* ***□*** EFT Detail Form *(if applicable)* | | | | | | | | |
| Please nominate if you wish for the deposit to be refunded or held.  ***□*** Deposit to be held***□*** Deposit to be refunded | | | | | | | | |
| **Fees and Charges** | | | | | | | | |
| For a full list of fees and charges please refer to Council’s [Fees and Charges Schedule](http://www.rockhamptonregion.qld.gov.au/About-Council/Finance-Rates-and-Budget/Fees-and-Charges). | | | | | | | | |
| **Payment Information** | | | | | | | | |
| **In person** | You can pay at Council’s Customer Service Centres: 232 Bolsover Street, Rockhampton; 32 Hall Street, Mount Morgan; 1 Ranger Street, Gracemere.  **By phone** | Customer Service staff will contact you regarding payment via credit card or debit once this form is received.  **By post** | Make your cheques/money order payable to ‘Rockhampton Regional Council’ and send to PO Box 1860, Rockhampton, Queensland, 4700. | | | | | | | | |