**KEY TRANSFER FORM   
COMMUNITY & RECREATION FACILITIES**



**Please complete in BLOCK letters and sign and date form**

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| **COMMUNITY/RECREATION FACILITY** | |
| **Facility Name:** |  |
| **Key Number** |  |

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| **CONDITIONS** |
| * **The applicant accepts responsibility for receipt and returning the key/s to Council** * **In the event of the key being lost, Council will invoice the applicant to recover the cost of replacing the key and change of locks if required** |

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| **CURRENT KEY HOLDER** | | |
| **First Name:** | | **Surname:** |
| **Organisation/Group Name:** |  | |
| **Key Identification No:** |  | |

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| **APPLICANT DETAILS** | | | | | | | | | |
| **First Name:** | | | | | | **Surname:** | | | |
| **Organisation/Group Name:** | | | |  | | | | | |
| **Key Identification No:** | | | |  | | | | | |
| **Address:** | | | |  | | | | | |
| **Suburb/Town:** |  | | | | | | **Postcode:** | | |
| **Mobile:** | | | | | **Home:** | | | **Work:** | |
| **Fax:** | | | **Email Address:** | | | | | | |
| **Applicant Signature:** | |  | | | | | | | **Date:** |

|  |  |  |  |  |
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| **OFFICE USE ONLY** | | | | |
| **Key Returned in Promaster:** |  | | | |
| **Bond refunded (if required)** | **Date Raised:** |  | **Receipt Number:** |  |
| **Key Issued to New Applicant:** |  | | | |
| **Signed Application Received** |  | | | |