**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** |  |