

**APPLICATION FOR KEY/S COMMUNITY & RECREATION FACILITIES**

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

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

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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** * **On return of the key, the applicant will be refunded the deposit via Electronic Funds Transfer (EFT).** |

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

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| **Mobile:** | | | | **Home:** | | | **Work:** | | |
| **Fax:** | | **Email Address:** | | | | | | | |
| **Applicant Signature:** | |  | | | | | | **Date:** | |

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| **OFFICE USE ONLY – Payment Details** | | | | | |
| **Key/s Cost** | **$** | **RC Code** |  | **Receipt Number** |  |