

## **Shire of Lake Grace**

Ph: 08 9890 2500 Fax: 08 9890 2599

1 Bishop Street, Lake Grace, PO Box 50, Lake Grace WA 6353

shire@lakegrace.wa.gov.au

File No.0080

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Local Government Property Local Law

## Hire of Local Government (Shire) EQUIPMENT

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Applicant:			
For and on behalf of:			
Personal Address of Applicant:			
Phone (H):			Phone (W):
OLD MEDICAL CENTRE			
ITEMS	NUMBER AVAILABLE	NUMBER REQUIRED	
Grey Trestle Tables	6		
Orange Plastic Chairs	62		
Brown Tables	13		
Tables are to be placed onto	the trolley with tops facing to	o eliminate damage to the table tops	_
LAKE GRACE SHIRE HAL	L		
ITEMS	NUMBER AVAILABLE	NUMBER REQUIRED	
Red and Brown Plastic Chair	s 120		
Cutlery - Knives	100		1
Forks	98		
Dessert spoon	96		
Soup Spoons	96		
Tea Spoons	99		
LAKE GRACE PAVILION			_
ITEMS	NUMBER AVAILABLE	NUMBER REQUIRED	
Round Tables	15		
Chairs	100		
HIRE OF MISCELLANIO	JS EQUIPMENT		
• I have read and agree	 to the Hire of Local Governr	ment (Shire) Property Conditions.	ı
Signature:		Date signed	:
Bond Fee:	\$	Bond paid date:	
Make bond refundable to:	INDIVIDUAL or; O	RGANISATION as per the for	m above
•	de in person, via post (cheque)	Shire of Lake Grace, PO BOX 50 LAKE G SHIRE OF LAKE GRACE Ref: (company) n	

The bond will be held in a separate Trust Account and can only be released in the form of not negotiable Trust Cheque made out to the nominated individual or organisation. The Shire will deduct the cost of any damage or extra cleaning required after the event from your bond. If this cost exceeds the bond paid, an invoice will be sent to the nominated individual or organisation to cover the damages and/or cleaning. Upon a successful inspection after your function this bond will be refunded via a cheque by the 21st day of the following month.

## **Conditions for Local Government Equipment Hire**

- 1. I / We\* will be responsible for the safe return (the day after hire) of the keys issued for the hire. In the event of the keys being misplaced, lost or stolen I / we\* will reimburse the Shire for the necessary replacement costs thereof.
- 2. If I / we\* are not happy with the cleanliness of the hired equipment, then I/We will report to the Shire prior to hiring. I/We understand that no compensation may be claimed if reported after the hire.
- 3. The equipment is to be returned clean and undamaged immediately after completion of hire time. (Unless otherwise waived by the Chief Executive Officer of the Shire).
- 4. On departing the premises all doors are to be securely locked. It is the hirer's responsibility for the security of the premises when returning equipment.
- 5. Any hirer damaging or allowing damage to occur to the equipment will be liable for the replacement / repair costs.
- 6. A bond is payable on booking of the equipment and is refundable, however, if the above conditions of hire are not carried out to the Shire's satisfaction all or a portion thereof will be forfeited.
- 7. In the event of a second forfeiture of bond monies the Shire reserves the right to deny future hire of equipment.
- I agree to comply with all provisions of the Shire of Lake Grace Local Government Property Local Law and other
  written laws pertaining to the proposed use, including any condition which may be imposed on the permit of hire requiring me to indemnify the local government in respect of any injury to any person or any damages to any property
  which may occur in connection with the hire of local government property.
- I have read and agree to the Hire of Local Government (Shire) Property Conditions attached to this application.

Signature:	Date:
Please return this form & bond to the Shire of Lake Grace at least 48 hor	urs prior to hiring.
NB: Booking not confirmed until application form and bond payment red	ceived.

OFFICE USE ONLY	APPLICATION APPROVE	D YES	NO		
EQUIPMENT HIRE APPROVED (if applicable) YES NO Confirmation Letter sent #					
Hire Charge (if applicable): \$		Bond: \$			
Fees paid receipt no:	Authorising	Officer Signature:			
BOND REFUND	Refund full amount	Во	nd Trust No:		
Amount held due to	Property damage	\$_		_	
	Extra cleaning required	\$_		_	
	Keys not returned	\$_		_	
Total amount withheld					
		\$_			
Authorising Officer:		Signature:			
Manager:					
(If amount withheld)		Signature:			