APPLICATION FOR EQUIPMENT HIRE

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| --- | --- |
| *Please complete, sign and return this form to hire@sop.wa.gov.au or to the Shire Admin Centre at 22 Lowood Road, Mount Barker, WA 6324.* | |
| Equipment Being Hired | . |
| Applicant’s Name: | . |
| Address: | . |
| Telephone: | . |
| Email: | . |
| Date of Hire: | . |
| Date for Return: | . |
| Hire Fee: | $ . |
| Bond: | $ . |

# Account Details For Return Of Bond

|  |  |
| --- | --- |
| Name of recipient (individual or group): | . |
| Name of Account: | . |
| BSB: | . |
| Account Number: | . |
| Signature: |  |

# Equipment Hire Declaration

I am over the age of 18 years and hereby agree that the equipment being hired is in good condition upon pick-up. I acknowledge that any damage to the equipment is my responsibility and all repairs and /or replacement costs will be paid by myself.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | . | Signature |  |
| Date: | . |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | | | **Synergy Ref:** |  | | | |
|  | | Approved | Sign off | | Comments/Conditions | | | | |
| Hire Availability: | | Y  N |  | |  | | | | |
| Area Admin: | | Y  N |  | |  | | | | |
| Invoice Raised: | | Y  N |  | |  | | | | |
| Fees Paid: | | Y  N | | | | Receipt Number: | | |  |
|  | |  | | |  | | |  | |
|  | |  | | |  | | |  | |