



# Application for Rental of Pest Management Equipment (Hog Hopper)

*Animal Care Protection Act 2001.*

**Privacy Notice:** Mackay Regional Council is collecting this information in order to process your Application. Please be advised that Council under Legislation may be required to provide your details to a relevant State Department/Agency when requested or to a collection agency that has been employed by Council for the recovery of unpaid fees. In all other circumstances, this information will only be disclosed to a third party with your written authorisation or as required by law.

**P:** 1300 622 529 | **E:** [council@mackay.qld.gov.au](mailto:council@mackay.qld.gov.au) | **F:** 07 4944 2400 | PO Box 41 Mackay QLD 4740 | **ABN:** 56 240 712 069  
**CS Centres:** Mon-Fri, 8:30am-4:30pm | Civic Precinct, Gordon St, Mackay | 65 Broad St, Sarina | 20 Victoria St, Mirani

For your application to be assessed you must:

- Complete all relevant sections;
- Provide all supporting information referred to on this form; and
- Submit with the relevant fee.

Contact council if you have any specific enquiries regarding fees or how to complete this form. Please type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

## SECTION A – APPLICANT DETAILS

Title:  Mr  Mrs  Ms  Miss  Other:

Family Name:  Given Name/s:

Residential Address:

Suburb:  Post Code:

Postal Address:

Suburb:  Post Code:

Real Property Description (Lot/Plan):

Home Phone:  Work Phone:

Mobile:  Email:

## SECTION B – EQUIPMENT HIRE DETAILS

Equipment hired:

Hire start date:  Hire end date:

## SECTION C – APPLICANT DECLARATION

- I acknowledge I have on loan, a hog hopper from Health and Regulatory Services. This hopper is to be used as a feeding station for **FERAL PIGS ONLY**;
- I hereby agree to hire and use council's hog hopper as per Biosecurity legislation and *Animal Care Protection Act 2001*;
- I undertake to pay the sum of the cost of replacement should I fail to return the hopper by the due date (as specified) or should it be damaged while in my possession, and acknowledge that the bond deposit will be forfeited;
- I also note that the hopper may not be successful;
- I undertake to notify council's Pest Management Officer regarding my success or failure with this hopper;
- I declare the information provided in this application to be true and correct.

Applicant Name:

Signature:  Date:

## PAYMENT OPTIONS

For a complete list of fees and charges, please refer to council's [Fees and Charges](#).

**CREDIT CARD** | We accept Visa or MasterCard. We do not accept American Express.

**CHEQUE** | Make your cheques payable to Mackay Regional Council.

**CASH OR EFTPOS** | You can pay at any of Council's Customer Service Centres.

## OFFICE USE ONLY

Date:  Amount:  Receipt number:  Receiving code: RC/PESTBO

Cashier:  Date equipment collected:  Date equipment returned:

Bond refund recommended:  Yes  No  Trust bond deposit completed  Trust bond refund completed