PRINCIPAL OFFICE: 8 Elizabeth Street, Maitland Telephone (08) 883² 0000

ALL CORRESPONDENCE TO:

PO Box 57, MAITLAND, SA 5573 Fax (08)88532494

Email: admin@yorke.sa.gov.au Website: www.yorke.sa.gov.au



APPLICATION FOR DOG ANTI-BARK COLLAR HIRE

SF001				
Responsible Officer: SCO				
Issue Date: 06/06/2014				
Next Review Date: June 2020				

DETAILS OF APPLICANT						
NAME O	F APPLICANT:	Surname:				
		First Given Name:				
ADDRES						
					Postcode:	
TELEPH	ONE NUMBER	: Mobile:		Home:		
I agree that whilst I have hire of the Aboistop Anti-Bark Collar, I will abide by the user instructions supplied. I agree to pay \$25.00 for the lease of the collar for 14 days, which includes 1 can of spray. If I require further cans of spray, I will collect them from a Council Office at a cost of \$15 each. The collar must be returned to the nearest Council Branch Office within 14 days. A further hire fee may be charged for late returns unless prior arrangements are made. Should the collar be lost or broken I understand that I may be charged the repair/replacement costs.						
Date of H	Hire:					
Date of 1	iii C.					
Applican	t Signature:					
Refills:	1. Date:	Paid:	\$15	Applicant Signature	Receipt No:	
	2. Date:	Paid:	\$15	Applicant Signature	Receipt No:	
	3. Date:	Paid:	\$15	Applicant Signature	Receipt No:	
	4. Date:	Paid:	\$15	Applicant Signature	Receipt No:	
			 _ o	FFICE USE ONLY ——		
Amount Paid: Extension Requested: YES/NO Officer:				Officer:		
Date Returned:				New Date of Return:		
Officer:				Date Returned & Officer Initials:		
Receipt No	o:	*Reception Staf		ease Complete the Bonds I	Register*	