

APPLICATION FOR CONSENT TO PLACE ELECTORAL SIGNS WITHIN THE YORKE PENINSULA COUNCIL

SF181

Responsible Officer: SCO

Issue Date: 06/12/2023

Next Review Date: April 2027

To: **Yorke Peninsula Council**

SA Power Networks (SAPN) and Transport Services Division, Department of Infrastructure and Transport (DIT))

I/We (name)

Address:Postcode:

Contact No: (Home) (Work) (Mobile)

Fax No: E-mail:

hereby make application for consent to erect Election Signs within the Yorke Peninsula Council.

I/We, the undersigned, have read the Policy PO044 attached to this application. I/We hereby acknowledge and agree that by signing this Application and returning it to Council, I/we will if consent is granted abide by the terms of such Policy PO044 as if all contents therein were included in this Application.

Without limiting the above and by way of example only, the person(s) to whom consent is granted and any persons acting on their behalf, accept full responsibility for any personal injury or property damage or other loss in any way arising out of or consequent upon the erection, removal or display of signs and acknowledge(s) that the Council, SAPN or DIT have no liability or responsibility in relation to such matters whatsoever and such person(s) agree(s) to indemnify Council, SAPN or DIT against any such personal injury or property damage or other loss incurred by the Council, SAPN, DIT and against any third party claims arising out of or consequent upon the erection, removal or display of signs.

I/We acknowledge and agree that if any breach occurs which results in action by or on behalf of the Council to enforce the conditions of this application and thereby results in costs and expenses for the Council, SAPN or DIT then such costs and expenses may be recovered by the Council, SAPN or DIT (as the case may be) from the person(s) responsible. These costs will include removal and/or destruction of the offending material by an officer or agent of the Council, SAPN or DIT.

Executed as a deed.

Signature of applicant: Date:

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PENINSULA COUNCIL**

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Witness

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Name and address of Witness (please print)

For Council Use Only

Consent approved/not approved.

Council Officer:Date:

Variations to conditions of consent (if any).

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