

# Standpipe Swipe Card Application Form

Shire of Donnybrook Balingup SPSC.V.24.1



## APPLICANT DETAILS

Your Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

N/A

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## STANDPIPE SWIPE CARD(S)

# of Cards Needed: \_\_\_\_\_

Primary Standpipe to be used:  Donnybrook  Balingup

Please briefly explain why you will be using the standpipes: \_\_\_\_\_

## DECLARATION

I/We hereby apply for access to the Shire of Donnybrook Balingup's Water Standpipes. I/We accept that as a user(s) a deposit of \$50.00 per card must be paid, which will be returned to me upon the return of the swipe card in working order. I/We understand the following conditions:

1. If damage is caused to the Standpipe during use, I/we will report it immediately to the Shire Administration Office, and understand that I/we may be liable for any costs incurred by the damage I/we have caused.
2. I/We understand that the \$50.00 deposit will not be refunded if the card is lost, stolen, or badly damaged.
3. I/We understand that the swipe card is to be used only by the authorised persons/business.
4. I/We understand that I/we are responsible for settling all amounts owing from the use of the Standpipe Swipe Card that is assigned.
5. I/We acknowledge that if any amounts are left unpaid, the relevant account will be suspended until payment is received. Accounts that are invoiced will be issued every month.

*By signing below you confirm that you have read and understood these terms and conditions, and accept the associated responsibilities. Failure to comply with any of these conditions will result in the cancellation of your Standpipe Swipe Card access.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Bond refunds are returned via EFT unless specifically requested otherwise. Refunds can take up to 14 business days to return. For refunds to be processed in a timely manner, please provide the following Direct Deposit details:

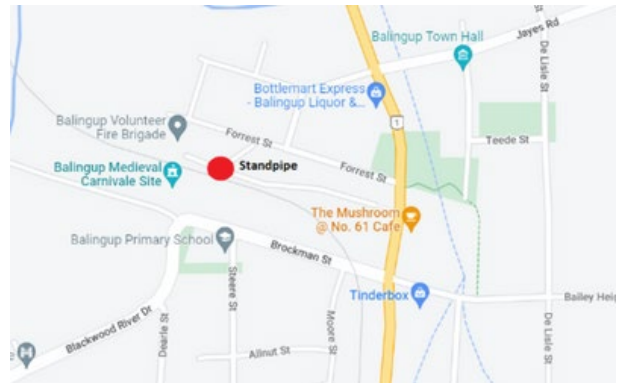
Account Name:		ABN:
BSB (6 digits):	Account #:	
Email Address:		

Signature of Representative:

Donnybrook: Marmion Street



Balingup: Forrest Street



Fittings 100mm Camlock, 61mm BIC and Overhead Standpipe.

**OFFICE USE ONLY:**

Officer Taking Payment:		Date:
Deposit GL Account: 166500 (T306)	Receipt #:	
\$50 Deposit Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why:	
Please note the details of the Swipe Card issued (amount, card number, date issued, etc.):		
Swipe Card # Issued:		
Swipe Card # Issued:		
Swipe Card # Issued:		
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Swipe Card # Issued:		