

12-Seater Bus Hire 2024-2025



Application for Use of the 12-Seater Community Bus

APPLICATION TO BE SUBMITTED **1 WEEK** PRIOR TO DATE OF HIRE

On Behalf of _____

I, _____ hereby apply for use of the community bus on the occasion of _____

The date/s required being ___/___/___ to ___/___/___

Times required from _____ am/pm until _____ am/pm.

The bus will be used to transport _____

From Julia Creek to _____

I/We/My Organisation accepts liability for a **charge of \$160.00 per day** and a **deposit of \$200.00**. The bus will be fully fuelled and clean at the commencement of hire and it will be you the hirer's responsibility to fill fuel tank and present bus in tidy manner on return.

Do you already have a deposit held with the council? Yes / No

If **NO**, would you like the Mckinlay Shire Council to hold your deposit for future hires? Yes / No

If you answered **NO** to both questions, please fill out below:

If the conditions of the bus have been deemed satisfactory after it has been returned your deposit will be refunded.

Please tick which method you would prefer this refund and fill in the necessary details

Bank Transfer

BSB: _____ Account Number: _____

Cheque

Postal Address: _____

DRIVER DETAILS TO BE ATTACHED

DRIVER MUST HOLD A MINIMUM LR CLASS DRIVERS LICENCE

MUST PROVIDE PHOTOCOPY OF DRIVERS LICENCE UPON PICK UP OF BUS

Name: _____
Licence Number: _____
Date Issued: _____
Place Issued: _____
Expiry Date: _____
Signature: _____

Name: _____
Licence Number: _____
Date Issued: _____
Place Issued: _____
Expiry Date: _____
Signature: _____

The nominated driver/drivers must be the only persons who drive the bus, failure to comply will nullify the insurance cover and hirer will be held responsible for all claims.

NOTE: Deposit and Fees must be paid before the hire date by Cash or EFTPOS.

- I have read the hire conditions listed overleaf and agree to hire the above on these conditions.

Signed: _____ Date: _____

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OFFICE USE ONLY

Deposit Receipt Number: _____ Processed by: _____ Date: _____

Hire Fee Receipt Number: _____ Processed by: _____ Date: _____

REQUEST WAIVER FORM ATTACHED: YES NO N/A