

# 24-Seater Bus Hire 2024-2025



## Application for Use of the 24-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 \$190.00 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: \_\_\_\_\_

**OFFICE USE ONLY**

Deposit Receipt Number: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Hire Fee Receipt Number: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

REQUEST WAIVER FORM ATTACHED: YES NO N/A