

APPLICATION FOR LOCAL LAW PERMIT

Section 17

Recreation vehicles



PO Box 177, Euroa VIC 3666
Ph: 5795 0000
Toll free: 1800 065 993
Fax: 5795 3550
www.strathbogie.vic.gov.au

Details

Given Name: _____ Surname: _____

Postal address: _____

Telephone No: _____ Mobile No: _____

Work No: _____ Email: _____

Address of property where recreation vehicle/s will be operated (if different from above):

Are you the property owner? Yes No

Number of riders/passengers: _____ Number of vehicles operating at once: _____

Description of vehicle/s:

How often do you intend to operate the vehicle on the property during the year?

Intended days and times of operation: _____

Reason for operating vehicle/s on property:

If my/our application is granted, I agree to abide by any terms and conditions that may be imposed on the permit by the Shire of Strathbogie.

It should be noted that the Strathbogie Shire Council does not accept any responsibility for damages or injury to property, persons or third parties on the granting of this permit.

Declaration

I declare that to the best of my knowledge and belief all the above information is true and correct and I agree to abide by any conditions which may be imposed on a permit by an Authorised Officer. Furthermore I understand and acknowledge the fee of **\$71.00 paid with this application** is not refundable should this application be refused.

Date: _____ Signed: _____ Name: _____

Office Use Only

Ledger No: 34260 Pound fees & LL Enforcement	Date:..... Expiry Date:	Receipt Number:.....
---	----------------------------------	----------------------