

**APPLICATION FOR LOCAL LAW PERMIT**

Clause 20

**Recreation Vehicles on Public Land****Strathbogie**  
SHIRE COUNCIL

PO Box 177, Euroa VIC 3666

Ph: 5795 0000

Toll free: 1800 065 993

Fax: 5795 3550

info@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 paid with this application is not refundable should this application be refused.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Name: \_\_\_\_\_

**Office Use Only**

Date: .....

Expiry Date: .....

Receipt Number: .....