## Longreach Regional Council PO Box 144, ILFRACOMBE QLD 4727



## Pest Animal Bounty Claim Form

Claimant's Nan	ne:						
Address:							
Phone Number	<b>:</b>	Email:					
ABN:		GST Registered: Y N					
Number	Pest An	imal	Rate Amount				
	Wild Dogs, coMalesFemalesJuveniles		X per dog \$30.00	GST \$	:	\$	
	Feral Cats, co Male Females Juveniles		X per cat \$ 5.00	GST \$		\$	
			GST Amount (apply only if GST registered)			\$	
Total Amount of Claim						\$	
I hereby certify that the above animals were taken by me at: <b>Property Name:</b>							
Property Location: Lot and Plan No:							
Signature of Claimant:			Date:				
PROPERTY OWNER'S OR MANAGER'S DECLARATION  I hereby certify that the above pest animal/s were taken from my property by the above claimant:  Name:							
Address:							
Phone No:			Email:				
Signature of Property Owner, Manager/Area Representative  CERTIFICATE OF DISPOSAL BY COUNCIL AUTHORISED OFFICER							
I hereby certify that the wild dog and/or feral cat scalps enumerated above were taken:							
Signature of Authorised Officer Date			Signature of Delegated Finance Officer Date				
Job Cost:							
<u>Creditor Code</u>	Invoice No	Invoice Date	<u>Date</u>	Total	Process	sed By	