



ALICE SPRINGS TOWN COUNCIL

Doc No. ASTC-SS-SEC-AC-FM-001

Section
FORMS

Title
ASTC Key/Alarm Code Request Form

ASTC Key/Alarm Code Request Form

OFFICE USE ONLY

Security Ranger Ref#:

The following form is to be completed and returned to the ASTC Security Ranger.

If you require access to **multiple facilities** and/or **multiple users**, an individual request form must be completed for each facility and/or user. Keys and codes are issued for **APPLICANT USE ONLY** and are not to be distributed or passed on through an organisation. Approvals can be granted by organisation **Presidents, Management, Treasurer or Secretary**.

PLEASE ALLOW A MINIMUM OF 3 WORKING DAYS (72 HOURS) TO PROCESS

NAME OF ORGANISATION: _____

POSITION HELD IN ORGANISATION: _____

NAME OF APPLICANT: _____ PHONE NUMBER: _____

POSTAL ADDRESS: _____ EMAIL: _____

ORGANISATIONS APPROVAL BY: _____ POSITION: _____ SIGN: _____

PHONE NUMBER: _____ EMAIL: _____

FACILITY ACCESS REQUIRED: _____

REASON FOR ACCESS: _____

AREA'S ACCESS IS REQUIRED (e.g. Gate, Toilet, Change Room, Light Panel, Etc.): _____

PICK UP DATE: _____ RETURN DATE: _____

HIRE OF COUNCIL FACILITIES - DEPOSIT INFORMATION

Cleaning and security deposit (Refundable), all facilities. GST applies to forfeiture of deposit: **\$355.00**

Facility Key Deposit (Refundable), all Facilities. GST applies to forfeiture of deposit: **\$200.00**

Alarm violation fee (In the event an alarm is not set on departure): **Forfeiture of cleaning deposit**

METHODS OF DEPOSIT

CREDIT CARD IMPRINT (CANNOT BE A DEBIT CARD). Card must be present on collection of keys and must have the name of the **ORGANISATION** and/or the **NAME OF APPLICANT**. Deposit will not be charged unless the keys are not returned or there is a breach in conditions.

DEBIT CARD PAYMENT. The full amount will be charged on collection of keys. This method will be refunded by **CHEQUE ONLY**. Debit card must match the name of the **ORGANISATION** and/or **APPLICANT**. Cheque will be written to the **ORGANISATION** or **APPLICANT** detailed on the Debit Card to which the deposit was taken from.

CASH. Cash deposits will be refunded by cheque only. Cheque will be written to the **ORGANISATION** or **APPLICANT** on this form only.

I, _____ (name of applicant) understand the deposit, if applicable, is refunded by cheque only. The cheque will be written out to the organisation or person that paid the deposit. All details provided on this form are true and correct. I am bound by the conditions determined by the Council or a Council's Delegate.

SIGNATURE OF APPLICANT: _____ DATE: _____

93 Todd St Alice Springs | PO Box 1071 Alice Springs NT 0871

Phone (08) 8950 0500 | Fax (08) 8953 0558 | astc@astc.nt.gov.au | www.alicesprings.nt.gov.au



OFFICE USE ONLY:

Request Approved | Approved by: _____ Sign: _____ Date: _____

- Yes
- No

If not approved – reason: _____

Organisations approval checked by: _____ Sign: _____ Date: _____

Security Ranger Approval: _____ Sign: _____ Date: _____

- Supervisor Parks and Gardens notified to insure irrigation is off during event times.
Ext: 302

Date key/code issued: _____ Date key to be returned: _____

Deposit information

- Credit Card
 - Organisation
 - Personal
- Debit Card
 - Organisation
 - Personal
- Cash

CARD DETAILS

Card imprint on record and filed

- Yes
- No

If No, Receipt Number: _____

SECURITY RANGER:

Alarm Code Issued: _____

Keys issued

(type and issue #): Key Issue , Key Issue ,Key Issue
Key Issue , Key Issue ,Key Issue

Salto Fob Issued

(Areas of access): Fob# Areas:

Date keys/fob

Returned to Security Ranger: _____ Sign: _____

Date keys/fob

Placed back into key system: _____ Sign: _____