



Application For Loan of a Dog Training Device

Alice Springs (Animal Management) By-Laws 2008

NAME OF APPLICANT: _____

POSTAL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

PHONE : _____ MOBILE: _____

E-MAIL: _____

Sonic Outdoor Device **DEVICE:** Citronella Collar Static Collar Sonic Collar

MAXIMUM LOAN PERIOD IS 6 WEEKS, REFUNDABLE DEPOSIT OF \$110.00 PER DEVICE Deposits are refunded by cheque so please ensure correct contact details are supplied above.

NAME OF DOG: _____ REGISTRATION NUMBER OF DOG: _____

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I, _____ (name of applicant) understand I am bound by the Alice Springs (Animal Management) By-Laws 2008. I am bound by the conditions determined by the Council or a Council's Delegate. I understand my dog/s must be registered with the Alice Springs Town Council. I understand the items issued are the property of Alice Springs Town Council. I understand if the items are damaged in any way I may receive a bill for the repairs and or lose the deposit paid. I understand if I am unable to return the device I will lose the deposit paid to replace the lost/missing item.

Signature of Applicant: _____ Date: _____

PLEASE ALLOW A MINIMUM OF 7 WORKING DAYS TO PROCESS

OFFICE USE ONLY:

Device No/s: and

NNR: _____ Deposit Paid: \$ _____ Receipt No.: _____

Signature of delegate: _____ Date: _____

Return Details:

Date of Return: _____

Device Checked on: _____ Refund deposit: Y N Payment request to finance: _____

If No, comments:

