

CHAIR HIRE BOOKING FORM To be completed and returned to the Shire Offices with Payment File No: Record No:

HIRER'S DETAILS					
Organisation:					
Contact Name:					
Postal Address:					
Phone:			Email Address:		
Preferred Contact Method:	☐ Telepho	ne	☐ Email	☐ Post	
BOOKING DETAILS					
Date of Booking:					
Function Type:					
Function Times:					
Number of Chairs:					
Hire Fee \$1.70 per chair:					
Total payable:					
Please refer to the schedule of	fees and ch	arges <u>onli</u>	ne.		
	returned by	the hirer	between Monda	he Shire depot in Wyborn Street. The y and Friday, 8.30am to 4.30pm. Please k up and return.	
Signed:	ned: Date:				
OFFICE USE ONLY					
Booking Number:					
Fee Paid:		☐ Yes	□No	☐ Exempt	
Fee Receipt Number:					
Application for Fee Waiver:		☐ Yes	□ No		
Copy emailed to appropriate	Officer/s:	\Box CSO			