

Attention: Governance & Corporate Support Officer

Hepburn Shire Council
 PO Box 21
 Daylesford VIC 3460

**Community Facility Hire Fee Waiver –
 Claim for Reimbursement**
 Community Not-For-Profit Hirers

Hire Details:

Hall: _____

Date/s of Hire: _____

Period of Hire: _____ hours/days

Total Hire Fees Waived*: _____

Postal address for remittance
 (Please complete)

Attention: _____

Address: _____

*Note: Charges levied for bond/insurance are at the discretion of the hirer

Not-For-Profit Hirer:

Organisation: _____

Contact: Name _____

Phone _____

I declare that all information in this claim for reimbursement is true and correct:

 Secretary/President, Committee of Management

Please attach copy of hire agreement, if available

Office Use Only:

Ledger No.	Amount \$	GST	Total \$

Authorising Officer: _____
 Signature

 Name

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Community Facility Hire Fee Waiver Form

Organisation Name: _____
Organisation Contact: _____
Contact Phone Number: _____
Organisation Address: _____
Contact Email: _____
Community Facility Required: _____
Date of Function: _____

Description of group/organisation requesting hire fee waiver:

Details of function to be held:

Signature: _____ Date: _____

OFFICE USE ONLY

Action Officer: Date:

Trim Ref:

Has the request for hire fee waiver been approved Yes / No