

(PG-FO-301) BOOKING OF MEMORIAL PARK - GRIFFITH

APPLICATION

Applicant's Name: _____

Applicant's Address: _____

Town: _____ Post Code: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Date(s) of Use: _____ / _____ / _____

Purpose of Use: _____

Start Time: _____ am/pm Finish Time: _____ am/pm

No. of Persons attending: _____

Will you be using a BBQ? Yes ☐ No ☐ *Note: BBQ not permitted on paved areas*

Will you be erecting a marquee etc.? Yes ☐ No ☐ *If Yes, please contact Council to arrange an appointment with P & G staff*

FACILITIES AVAILABLE

Bubbler & bottle filling station (drinking water) Benches, tables & chairs
Nine (9) garbage bins Power boxes (key needed for access*) 1 Amenities block (accessible during daylight hours)

Do you require any of the following?

ADDITIONAL garbage bins: Yes ☐ No ☐ *If Yes, number required _____*

Access to power: Yes ☐ No ☐ *Key required for usage**

OFFICE USE ONLY: Customer Service to notify Waste Operations Manager for delivery and pickup of garbage bins.

Conditions of Use

NO vehicles allowed within the Park (Parking available in Railway Street)

***THE KEY** (a bond is payable as per Council's Revenue Policy) **TO THE POWER BOX IS AVAILABLE FROM COUNCIL'S CUSTOMER SERVICE CENTRE, 1 BENEREMBAH STREET, THE PRECEDING BUSINESS DAY AND MUST BE RETURNED THE NEXT BUSINESS DAY**

All electrical appliances must have a current test and tag attached

BBQs not permitted on paved areas. All BBQs **MUST** have drip trays to capture the cooking oil

Park to be left in a clean and tidy condition upon departure

The park is not to be used if wet and if undue damage could be caused to the surface

A formal Risk Assessment report and copy of your Public Liability Insurance, indemnifying Griffith City Council, for \$20M will need to be provided prior to your event

Any structure(s) used are to be removed within 24 hours of event

Any direction given by an authorised Council Officer must be adhered to

I have read the conditions of use and hereby agree to abide by them

Print Name: _____

Signature: _____

Date: _____ / _____ / _____

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			Page: 1 of 1