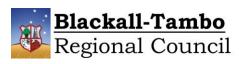


## **Request for Assistance**

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Organisation/Group name:					
Contact Person's name:					
Contact Person's position:					
Postal Address:					
Phone:			Mobile:		
Email:					
Is the organisation incorporated?	Yes	No			
If no, name of sponsoring organisation:					
Assistance Request (use of fa	acilities use o	of plant etc)			
List items and \$ amounts (eg hall use, plant use etc.) Please refer to the fees and			site	Amount	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
TOTAL VALUE OF IN-KIND	DECLICAT			\$	
				¢	

\$



## **Request for Assistance**

Organisation's Contribution:					
How will the community benefit from	Council Support:				
Note any special circumstance around	nd the event:				
How will the organisation acknowled	lge Blackall-Tambo Regional Counc	cil (if successful):			
All sections of this form have been completed					
I certify that to the best of my knowledge, information detailed in this application is true and correct.					
Sign:	gn: Date:				
Privacy Statement: Council will use any personal information provided by you for the intended purpose only and for remaining in contact with you. Council is authorised to collect this information with the Local Government Act 2009 and other Local Government Acts. Your personal information is only accessed by persons authorised to do so. Council may provide information about you to any relevant Queensland State Department. Your personal information is dealt with in accordance with Council's privacy policy					
	Office Use Only				
Magiq Doc #	Entered into register □	Date:			