

Office:
Date:/...../.....
Time:
Name:

INVASIVE ANIMAL PAYMENT FORM

IMPORTANT - Payments are only valid for invasive species collected in the GRC Local Government Area ONLY.

CLAIMANT DETAILS			
Name:		Email Address:	
Residential Address:			
Contact Number: H:		M:	
ANIMAL	NUMBER	Bounty Rate	Subtotal
Wild Dog (Scalps)		\$35	
Indian Myna bird (live)		\$5	
		Total Amount Payable	
SCALPS / SNOOT SUBMITTED TO COUNCIL			
Lot/Plan where animal was collected (MUST BE WITHIN GRC Local Government Area)			
Property details must be provided to Council when you attend the relevant Depot for disposal. Gladstone Regional Council reserves the right to: <ul style="list-style-type: none"> • Contact the listed 'Property Owner/Manager' to verify that the information provided on this declaration is true and correct. • Refuse bounty/payment(s) to a claimant where information provided on this declaration cannot be verified by the 'Property Owner/Manager' • Refuse bounty/payment(s) where GRC have reason to believe that the item(s) claimed were not collected within the Gladstone Regional Council area. • Refuse bounty/payment(s) if Council believes that actions taken in the course of collecting the claimed items have been done so in an unlawful or inhumane manner. 			
CLAIMANT BANK ACCOUNT DETAILS			
Bank Name:		Account Name:	
BSB:		Account Number:	
CLAIMANT DECLARATION			
Applicant Signature:			Date:

AUTHORISED COUNCIL OFFICER CHECKLIST (Biosecurity Pest Management Officer)

Scalp Condition	a) Entire length of body	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Do not accept
	b) Dried OR Salted OR Frozen	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Do not accept
	c) Contained in a plastic bag	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Do not accept
Indian Myna	f) Live and in good condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Do not accept

AUTHORISED COUNCIL OFFICER DECLARATION & APPROVAL (Biosecurity Pest Management Officer)

I hereby certify the items collected above were received and destroyed by me today:

 Monday Tuesday Wednesday Thursday Friday **Date:** ____ / ____ / ____

Officer Name:	Date:
----------------------	--------------

Officer Signature:	
---------------------------	--

PAYMENT APPROVAL (Team Leader Biosecurity)

OK to pay <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Cost Number:	
--	------------------	--

Amount Approved for Refund:	\$
-----------------------------	----

Officer Name:	Date:
----------------------	--------------

Officer Signature:	
---------------------------	--

Privacy Disclaimer: Gladstone Regional Council is collecting your personal information to process your Payment. The information collected will be entered into Gladstone Regional Council's names and address database and may be used for any necessary Council business. The information will only be accessed by authorised Council employees. This information will not be given to any other person or agency unless you have given us permission, or we are required by law.