**EQUIPMENT HIRE AGREEMENT**

Please Note: for Fees & Charges please contact Council Office on (07) 4741 2900 or to go our Website [www.flinders.qld.gov.au](http://www.flinders.qld.gov.au)

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| **Hirer Details** | | | | | | |
| **Name:** |  | | | | | |
| **Postal Address:** |  | | | | | |
| **Residential Address:** |  | | | | | |
| **Phone (W):** |  | | **Phone (H):** |  | | |
| **Mobile:** |  | | **Fax:** |  | | |
| **Email:** |  | | | | | |
| **Preferred Contact Method:** | **Phone  Mail  Email** | | | | | |
| **Hire Requirements** | | | | | | |
| **Contact Person:** |  | **Contact Phone Number:** | | | |  |
| **Time and Dates Required:** | **Time:**       **Date:**        **Time:**       **Date:**        **Number of Days:** | | | | | |
| **Function (purpose of hire):** |  | | | | | |
| **Address of Function:** |  | | | | | |
| **Chairs (Old) – Number Required:** |  | | **Chairs – Delivery Required (Fee charged):** | | **Yes  No** | |
| **Chairs (New) – Number Required:** |  | | **Chairs - Delivery Required (Fee charged):** | | **Yes  No** | |
| **Tables (trestle) – Number Required:** |  | | **Tables - Delivery Required (Fee charged):** | | **Yes  No** | |
| **Tables (folding) – Number Required:** |  | | **Tables - Delivery Required (Fee charged):** | | **Yes  No** | |
| **Data Projector:** | **Yes  No** | | **Screen for Data Projector:** | | **Yes  No** | |
| **Portable PA System:** | **Yes  No** | | **Number of Microphones:** | |  | |
| **Carpet Boards:**  **(1200mm x 2600mm)** | **Yes  No** | | **Number of Carpet Boards:** | |  | |
| **Portable Grandstand – Number Required:** |  | | **Marquees – Number Required (6m x 3m):** | |  | |
| **Single Portaloo – Number Required :**  **(Not on a Trailer)** |  | | **Double Portaloo – Number Required:**  **(On Trailer)** | |  | |
| **Special Requirements:** |  | | | | | |
| **Office Use Only - Quotation of Cost** | | | | | | |
| **Type of Charge** | **Quantity** | **Unit Cost** | | | | **Total** |
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| **Grand Total:** | | | | | |  |
| **Office Use Only - Quotation of Bond** | | | | | | |
| **Type of Charge** | **Quantity** | **Unit Cost** | | | | **Total** |
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| **Grand Total:** | | | | | |  |
| **Agreement** | | | | | | |
| **General Conditions:** | *THE HIRER AGREES:-*   1. *All fees and bonds shall be paid prior to hire or at the time of application for hire of the chairs. This includes payment of any bond required by council.* 2. *All chairs are to be picked up and returned at the showgrounds or a fee applies for the council to deliver and pick up the chairs.* 3. *The chairs shall be returned to the showgrounds as soon as practicable after completion of the hire of them. This will be prior to 10am on the first working* 4. *A council/employee will be available by appointment to conduct inspection of the chairs with the hirer, prior to use, to confirm cleanliness and good order and after use to confirm number of chairs returned and condition.* 5. *That I/We, the hirer will be responsible for any damage to or loss of any of the chairs and further agree to bear the full cost of reinstatement of such damage or loss.* | | | | | |
| **Privacy Collection Notice:** | Flinders Shire Council is collecting your name, residential address and telephone number in accordance with the Local Government Act 2009 in order to process your application. The information will only be accessed by employees and/or Councillors of Flinders Shire Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law. | | | | | |
| **Signature of Hirer:** | **I/we make this agreement subject to the conditions as above**  **Date:** | | | | | |
| **Signature of Council Officer:** | **Date:** | | | | | |

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| **Office Use Only – Booking** | | | |
| **Received By:** |  | | |
| **Entered into Equipment Calendar:** | **Yes  No** | **Date Entered:** |  |
| **Invoice Required:** | **Yes  No** | **Key Numbers if required:** |  |
| **Bond Paid:** | **$** | **Receipt Number:** |  |
| **Hire Fee:** | **$** | **Receipt Number:** |  |
| **Notice to Overseer & Town Foreman:** | **Yes  No** | **Notice to Parks & Gardens:** | **Yes  No** |
| **Office Use Only - Return of Equipment** | | | |
| **Equipment Inspected by:** | **Date:** | | |
| **Condition of Equipment Returned:** | **Satisfactory  Unsatisfactory**  **Notes if unsatisfactory:** | | |
| **Refund Bond:** | **Yes  No Amount refunded: $** | | |
| **Office Use Only – Facilities Officer or Revenue Officer** | | | |
| **Debtors Code:** |  | **Invoice Date:** |  |
| **Invoice Number:** |  | **Invoice Amount:** |  |
| **Signature of Officer:** | **Date:** | | |