**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:**  **(times indicate time of pick up and drop off of equipment)** | | | **Time:**       **Date:**        **Time:**       **Date:**        **Number of Days:** | | | | | | | | |
| **Function (purpose of hire):** | | |  | | | | | | | | |
| **Address of Function:** | | |  | | | | | | | | |
| **Chairs – Number Required:** | | |  | **Chairs – Delivery Required**:  (Fee charged) | | | | | | | **Yes  No** |
| **Tables – Number Required:** | | |  | **Tables - Delivery Required:**  (Fee charged) | | | | | | | **Yes  No** |
| **Data Projector:** | | | **Yes  No** | **Screen for Data Projector:** | | | | | | | **Yes  No** |
| **Portable PA System:**  (2 available) | | | **Yes  No** | **Number of PA’s::** | | | | | | |  |
| **Bain Marie Trays:** | | | **Yes  No** | **Number of Bain Marie Trays:** | | | | | | |  |
| **Portable Grandstand – Number Required:** | | |  | **Marquees:**  (Only 1 each available) | | | | | | | **6mx3m  8mx4m** |
| **Single Portaloo (on trailer):**  (Only 1 available) | | |  | **Double Portaloo (on trailer):**  (Only 1 available) | | | | | | |  |
| **Special Requirements:** | | |  | | | | | | | | |
| **COVID-19 Requirements** | | | | | | | | | | | |
| **COVID-19 control measures are mandatory to reduce public health risks. These measures may include extra cleaning.**  **Hirers are required to:**   * **Thoroughly clean the equipment after the hire.** * **Clean continuously touched surfaces throughout the hire.** | | | | | | | | | | | |
| **Agreement** | | | | | | | | | | | |
| **General Conditions:** | | | 1. Private hirers must pay all equipment fees and bonds to Council prior to hire. 2. The hirer is responsible for the collection and return of all equipment hired. 3. A fee will apply for Council to deliver and pick up any equipment. 4. The equipment hired is to be returned as soon as practicable after completion of the hire. This will be prior to 10am on the first working unless arrangements have been made with Council prior to hire. 5. A Flinders Shire Council Officer will be available by appointment to conduct an equipment inspection (equipment located at the Showgrounds) with the hirer, prior to use and after, to confirm cleanliness and good order. 6. The hirer is responsible for the equipment to be returned in a clean and tidy state. Equipment returned in an unsatisfactory condition or damaged may result in the hirer forfeiting their bond or paying the full cost of reinstatement of such damage or loss. 7. Hirers to comply with all COVID-19 requirements set by the Queensland Government and Flinders Shire Council. | | | | | | | | |
| **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:** | | | | | | | | |
| **Office Use Only - Quotation of Cost** | | | | | | | | | | | |
| **Type of Charge** | **Quantity** | | | | **Unit Cost** | | | | **Total** | | |
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| **Total:** | | | | | | | | |  | | |
| **Office Use Only - Quotation of Bond** | | | | | | | | | | | |
| **Type of Charge** | **Quantity** | | | | **Unit Cost** | | | | **Total** | | |
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|  |  | | | |  | | | |  | | |
| **Total:** | | | | | | | | |  | | |
| **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** | |
| **Notice to Showgrounds Caretaker:** | | **Yes  No** | | | | **Depot Staff:** | | | | **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:** | | | | | | | | | |