



Portable Toilet Hire Application Form

Please complete the below application form and return to Council:
council@cleve.sa.gov.au

APPLICANT DETAILS

Applicant Name:					
Organisation Name:					
Address:					
Contact Number:					
Email Address:					
Not for profit:	YES	NO	Private Use:	YES	NO
Hire Use:	One Toilet		Two Toilets		
Event Details:					
Location Event Held:					
Portable Toilets Hire From:	Date:		Time:		
Portable Toilets Hire To:	Date:		Time:		

REFUND DETAILS

Name:			
BSB:		Account Number:	

I, on behalf of the permit holder, hereby make application to the District Council of Cleve to hire the portable toilet/s for the specified period of use. In signing this form, I acknowledge that I have read and understand the application conditions contained herein and agree to abide by the said conditions.

Signature:		Date:	
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FEES & CHARGES (per toilet)

Not for Profit Use

Portable Toilet Deposit (Refundable) \$50 (No GST)
 Portable Toilet Hire Fee (Per Day) \$50 (inc. GST)

Private Use

Portable Toilet Deposit (Refundable) \$100 (No GST)
 Portable Toilet Hire Fee (Per Day) \$100 (inc. GST)

CONDITIONS OF HIRE

1. Hirer must be eighteen years of age or over.
2. Deposit and hire fee must be paid at the Council office prior to collecting the toilets from the Depot.
3. The hirer must provide to Council a copy of their public liability insurance (minimum \$10,000,000) for the event the toilets are being used for.
4. The toilets are picked up immediately prior to and returned immediately after the day of use.
5. The toilets are returned in the same (or better) condition as when they were collected. NOTE: If cleaning is required, the deposit will be forfeited.
6. If damage occurs, Council reserves the right to seek part or full reimbursement for the costs of repairs from the hirer.
7. The hirer will provide their bank account details upon return of the toilets so the deposit can be refunded electronically, if toilets are returned in satisfactory condition.

AUTHORISATION (OFFICE USE ONLY):

Permit:	Approved	Denied
Insurance Cover Attached:	YES	NO
Fee:	\$	
Deposit:	\$	
Total:		Paid YES NO
Invoiced:	Yes	No

If no to "invoiced", please arrange payment in person or invoice to be generated by accounts.

Approved by:

Name:		Position:	
Signature:		Date:	

*Ensure a copy is made of this completed and signed form. A copy is given to the hirer and the original is placed in Council's records system.