Office Use Only: Receipt Number:			Date Paid:/_		
Recreation Community Local IMPORTANT:	Law 2024 Recreational ve form will be issu	hicle permits w	on Form vill expire on the 30th J ntact Council if you do	lune each ye	
Applicant Details Name:	•				
Postal Address: _					
Mobile:			Alternate Phone:		
Email Address:					
Property Details ((For Permit Use):				
Suburb:			Pos	stcode:	
Proposed Vehicle	es (Provide details	s and specificat	ions of the vehicles to	be used):	
Proposed Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday	☐ AM ☐ AM ☐ AM ☐ AM	□ PM □ PM □ PM □ PM	□ Friday □ Saturday	□ AM □ AM	□ PM □ PM
	mum 3 weekdays a mum of 2 hours rid		be applied for. considered for each day	requested.	
Submitting your		_			
☐ I confirm I☐ I confirm I	am the propert have attached	y owner; or a letter of writ	he following is attac ten consent from th ded showing the are	e current p	roperty owner(s).
Disclaimer:					
I warrant that the al			confirm that I have read, ur		

she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy

Information Sheet. I confirm that I am the owner of the subject property, or if not I confirm I have attached a letter of written consent from the current property owner(s). I agree to abide by all terms and conditions specified in the permit

and to comply with EPA standards. I understand that my permit may be revoked and fines issued for any

contraventions.

Officer on 1300 787 624 or mail@cardinia.vic.gov.au