

OFFICE USE ONLY

Register Number:	<input type="text"/>	Fee:	<input type="text"/>	Receipt Number:	<input type="text"/>
Date Received:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Receiving Officer:	<input type="text"/>		

APPLICANT DETAILS

Applicant Name/s (must be a person):	
Applicant's Address:	
Postcode:	
Is the application being lodged on behalf of a political party? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state name and address of political party.	
Name of Political Party:	
Address:	
Postcode:	
Name of Contact (if different from the Applicant Name): (if any questions arise regarding signs or sign location)	
Contact Phone Number:	Contact Email Address:
Applicant's Signature:	

ELECTION DETAILS

Election: Local State Federal

Electorate / Division:	Election Date:
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Bond Refund Details (Bond will be refunded to this person)

Note: The attached request and statutory declaration are to be returned to Council after the date of the election to enable the refund of the Bond.

Name:
Address:
Postcode:

Note: Cheques / EFT Payments can only be made payable / credited to the Payee.

Information Privacy Collection Notice

Ipswich City Council is collecting your personal information in accordance with the Council's Local Laws so that we can process your application and perform our responsibilities under the Local Laws. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions we may need to disclose your personal information to the Chief Executive who may in turn make this information available to others in accordance with the Local Law. By completing and signing this form and returning it to Council, we will consider that you have given us your consent to manage your personal information in the manner described in Council's Privacy Statement, Personal Information Digest and this collection notice.

To be completed within 14 days after date of Election

Applicant Name

Applicant Address

Date

Chief Executive Officer
Ipswich City Council
PO Box 191
IPSWICH Q 4305

Dear Sir

Re: Refund / Return of Election Sign Bond

I hereby request the refund of my Bond for election signs. A Statutory Declaration attesting that all my signs have been removed is **attached**.

Yours faithfully

Applicant Signature

Attachment: Statutory Declaration