

KEMPSEY SHIRE COUNCIL

Civic Centre, 22 Tozer Street, Kempsey 2440
PO Box 3078, West Kempsey 2440
Phone 02 6566 3200 Fax 02 6566 3205
Web: www.kempsey.nsw.gov.au Email: ksc@kempsey.nsw.gov.au



HIRE OF ENGRAVING MACHINE

Engraving kits will be available to residents of the Kempsey Shire for hire. Kits are available for pick up from Council from 2.00pm each Friday afternoon and returned on Monday by 10.00am. After hour returns are available through the Kempsey library book return shute located on the Elbow Street entrance.

APPLICANT DETAILS

Applicant:

Postal address:

..... Post Code:.....

Licence No Email:.....

Telephone: Mobile:.....

ENGRAVING KIT CHECK applicant to check contents at hire

As the applicant you are responsible for ensuring that the engraving kit contains all relevant pieces prior to payment. Place a tick next to each part that is contained in the kit.

Machine Engraver Bit Instructions Protect Your Home From Intruders Kit

SURVEY

If you would like to participate in the Community Safety & Crime Prevention Survey please indicate by placing a tick in this box. Council's Community Safety Project Officer will contact you on the details provided above.

APPLICANT CONSENT & SIGNATURE

I agree as the applicant that:

1. The engraving kit is available on a first in best dressed basis;
2. I have checked the contents of the kit and indicated by placing a tick next to each part that they are contained in the kit;
3. The engraving kit is available for hire from Friday at 2.00pm until Monday at 10.00am;
4. The hire fee of \$10.00 is payable at the time of lodgement;
5. An additional fee of \$10.00 per day is payable if the engraving kit is returned after 10.00am;
6. The engraving tool is to be used solely for the purpose of engraving for which it is intended. It must be used in accordance with the manufacturers' instructions for use. Safe use of the engraving tool is the responsibility of the applicant having read and understood the manufacturers' instructions. The applicant accepts responsibility of ensuring the safe and proper use of the engraver.

Signature: _____ Date: _____

Office Use Only

Checklist complete		Payment		CSO	
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ENGRAVING KIT CHECK council to check contents at return

Machine <input type="checkbox"/>	Engraver Bit <input type="checkbox"/>	Instructions <input type="checkbox"/>
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Kit checked	Date Returned	CSO
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Payment GL 035001	\$	Amount Refunded	\$
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