



CROYDON SHIRE COUNCIL
APPLICATION FOR AGISTMENT PERMIT
LOCAL LAW 9 – STOCK ON RESERVES

PO Box 17
Croydon QLD 4871
Email admin@croydon.qld.gov.au

Telephone: 07 4748 7100
Facsimile: 07 4745 6147
Website www.croydon.qld.gov.au

APPLICANT DETAILS

Name _____

Postal Address _____

Phone _____ Mobile _____ Fax _____

Email _____

AGISTMENT REQUEST DETAILS

Agistment is requested from ____/____/____ to ____/____/____ Number of days _____

Reason for agistment request (please tick appropriate box)

- Land affected by drought Land affected by fire Land affected by flood
 Application made in response to notice advertising agistment availability
 Other, please provide details _____

Description of land requested for agistment: _____

Lot/Plan details, please attach proposed plan _____

STOCK SCHEDULE

No. of Stock	Type of Stock/Breed	Description/Sex	Age	Horse, Cattle, Sheep or Goat Brand	Approved Tail Tag/Ear Tag Number	Cattle Earmark or Sheep & Goat Earmark

LOCATION STOCK IS USUALLY DEPASTURED

Property Name _____

Registered Owner _____

Lot/Plan details _____ Area _____

CONTACT DETAILS OF ACTUAL OWNER OF STOCK

Name _____
Address _____
Phone _____ Mobile _____ Fax _____
Email _____

CONTACT DETAILS OF PERSON IN CHARGE OF STOCK DURING AGISTMENT

Name _____
Address _____
Phone _____ Mobile _____ Fax _____
Email _____

PEST & DISEASE DECLARATION

Have the stock been in contact with any declared pest plants in the immediate proceeding seven days?

Yes No

If yes, specify the location, length of time and species of plants _____

Do you consider the stock to be free, internally and externally, of all reproductive material of any declared pest plant? Yes No

PUBLIC LIABILITY INSURANCE DECLARATION

Applicants must have a public liability insurance policy with a reputable insurer for an amount no less than \$10 million. **A copy of the policy is to be provided to Council with this application.**

INFORMATION TO APPLICANTS

Only applicants who are a resident of the Croydon Shire may apply for a permit.

Council will consider the application for agistment for stock on reserves. Council may prescribe by subordinate local law, conditions that may be imposed in an approval.

APPLICANT DECLARATION

I hereby apply for approval for a Permit with Croydon Shire Council for agistment for stock on reserves. I confirm that the details contained within this application are true and correct. I confirm that I am authorised to act on behalf of the owner of the stock regarding this application for agistment, if this application is not made by the owner.

Applicants Name (please print) **Applicants Signature** **Date**

The information collected in this form will be used by Council for lawful purposes directly related to the functions and activities of the Council. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Right to Information Act 2009*). The information collected may be retained as required by the *Public Records Act 2002*.