



Home of the Cunnamulla Fella

Paroo Shire Council  
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## PAROO SHIRE COUNCIL MOBILE CATERING EQUIPMENT BOOKING SHEET

**Date of Application:** \_\_\_\_\_ **Date Required:** \_\_\_\_\_

**Time using the equipment:** \_\_\_\_\_

**Contact Name/Organisation:** \_\_\_\_\_

**Address/Phone/Fax:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Type of Function:** \_\_\_\_\_

**Mobile Catering Equipment required:**

NOTE: Prices are per day hire.

<input type="checkbox"/>	Cold Room	\$97.00	<input type="checkbox"/>	Security Deposit per Item	\$123.00	
<input type="checkbox"/>	Portaloo	\$31.00	<input type="checkbox"/>	Cleaning surcharge: (Cold Room/BBQ Trailer)		\$41.00
<input type="checkbox"/>	BBQ Trailer	\$41.00	<input type="checkbox"/>	Portaloo Cleaning Refundable	\$64.00	
<input type="checkbox"/>	Tent	\$97.00	<input type="checkbox"/>	Portaloo Emptying Refundable	\$64.00	
<input type="checkbox"/>	Bar Tables (each)	\$41.00				

**TOTAL: \$** \_\_\_\_\_  
(including security & cleaning fee)

**Requests:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:**

A security deposit is required at least 24 hours in advance.

**INDEMNITY:** I / we agree to the return the abovementioned mobile catering equipment in the same condition that I / we hired it out. I agree to pay for any repairs which may occur whilst in my care.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Witness:** \_\_\_\_\_

**PLEASE FAX THIS BACK TO 07 4655 1647.**  
You will receive confirmation by return FAX.

*Office Use Only* (GL Code: 4200-1700)

Application Date Received: \_\_\_\_\_

Date of Booking available: YES / NO Booking Registered: YES / NO

Indemnity Form signed: YES / NO Insurance Provider: \_\_\_\_\_

Caretaker Notified: \_\_\_\_\_ Invoice No: \_\_\_\_\_

Officer's signature: \_\_\_\_\_ TOTAL COST: \_\_\_\_\_