PLAYING FIELD / FACILITY KEY / SWIPE CARD REQUEST FORM



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Name (block letters):	
Address:	
Club/Association	
Phone details: Mobile:Work:	Home:
Field name/facility:	
Lock position (if applicable):	
Key/Card number (if known):	
Number of keys/cards required:	(\$165.00 deposit per key/ card required)
Terms and Conditions:	
 All keys/cards remain the property of Randwick City Counce Keys/Cards are not to be replicated. Keys/Cards will not be provided until full payment of Dame upon return of keys/cards. Lost/stolen keys/cards will incur a \$165.00 replacement for Lost/stolen keys/cards are to be reported to Council immediately. I, the undersigned, verify that I have read and understand the Termuse of the keys/cards. 	age Deposit which is refundable ee. diately.
Signature: Da	te:
Signature: Da KEY/CARD COLLECTION DETAILS details below.	
KEY/CARD COLLECTION DETAILS Note: Person collecting in	key/card <u>must</u> complete the
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KEY/CARD COLLECTION DETAILS details below. Name of person collecting key/card(s):	key/card <u>must</u> complete the
KEY/CARD COLLECTION DETAILS details below. Name of person collecting key/card(s): Contact Phone Number (mobile, work or home): Signature:	key/card <u>must</u> complete the Date:
KEY/CARD COLLECTION DETAILS Note: Person collecting in details below. Name of person collecting key/card(s): Contact Phone Number (mobile, work or home):	Date: L details key/cards

PRIVACY: Personal details requested on this form will only be used for the purpose of processing your application. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers & other authorised people. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.

CSO (Print name):

Updated: September 2016