

Wild Dog Scalps Claim Form

#2023

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with the *Biosecurity Act 2014*. The personal information collected on this form will be used to identify populations of Wild Dogs.

Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to Biosecurity Queensland for the purpose of Wild Dog control. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Claimant Details

Surname:		First name:	
Postal address:			
Suburb:		Postcode:	
Phone:		Email: (must be completed)	

Payment Details

Must be completed

Distribution of Funds	<input type="checkbox"/> EFT BSB Number:	A/C Number:
	A/C Name:	

Animals Destroyed

Totals (in figures)	_____ Total Scalps (=Males+Females+Pups)	_____ Adult Males	_____ Adult Females	_____ Pups
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Claimant Declaration

I, _____ of _____, in the state of Queensland do solemnly and sincerely declare that I destroyed the number of Wild Dogs listed above at the below property (location of where dogs were caught, shot or trapped) within the Western Downs Regional Council boundaries and that the scalps were this day delivered, **dried and salted correctly**.

Signature: _____ Name: _____ Date: / /

Property Owner / Manager's Endorsement

I hereby certify that the above mentioned Wild Dogs were destroyed on the following property owned by me.

Property Name:		Lot & Plan or Rates Assessment No:	
		(Required)	
Property Street Address:			
Signature:	Name:	Date: / /	



Office Use Only - CCC Officer or Authorised Person

I verify receipt of the Wild Dogs Scalps listed above:

Signature:	Name:	Date: / /
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Certificate of Destruction (to be completed before payment is made)

I hereby certify that the scalps of the Wild Dogs numbered above were on this day destroyed by fire in my presence.

Rate per Scalp: \$ _____ X	No. of Scalps	Total Amount: \$
Signature:	Name:	Date: / /

Payment Details (AP)

WO Number:	
34146.1582.207	
Details Checked:	
Approved for Payment:	
Date:	/ /
ECM Doc #	