

Wild Dog Scalps

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Land Protection (Pest and Stock Route Management) Act 2002*. 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:	

Payment Details - Do not complete if payment details previously provided

Distribution of Funds:	<input type="checkbox"/> Cheque - Post to above address	Payee Name:	
	<input type="checkbox"/> EFT - BSB: _____	A/C Number: _____	
	A/C Name: _____		

Animals Destroyed

Totals (in figures):	_____ Total	_____ Total Males	_____ Total Females	_____ Total Pups
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Claimant Signature

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 and that the scalps were this day delivered dried and salted correctly.

Signature:	Name:	Date: / /
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Property Owner / Manager's Endorsement

I hereby certify that the abovementioned wild dog/dogs were destroyed on the following property owned by me.

Property Name:	Lot & Plan or Rates Assessment No:
Property Address:	
Was this property part of the WDRC Wild Dog 1080 Baiting Program within the last 12 months:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 animal pest enumerated 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:	
Qty & Amount Checked:	
Approved for Payment:	
Date:	/ /
DW / Inv #	