

PERMIT APPLICATION Livestock roadside grazing Local law 61

Permit application fee applies



CITY OF WODONGA Environment and Community Protection Local Law
(Local Law No. 1 of 2014)

ABN: 63 277 160 265
Tax Invoice

In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au

| | |
|---|---|
| Applicant | Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss |
| | Given name/s: |
| | Surname: |
| | Address: |
| | Suburb: _____ State: _____ Post code <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone (work): |
| | Phone (home): |
| | Mobile: |
| | Email: |
| I wish to apply for a Livestock roadside grazing Permit for a road reserve or municipal place within the municipal district. | Type of livestock: |
| | Number of livestock: |
| | Name of livestock owner: |
| | Address of livestock owner: |
| | Livestock owners contact details. Phone (work): _____ Phone (home): _____ Mobile: _____ |
| | Name of person in charge of livestock: |
| | Contact details of person in charge of livestock: Phone (work): _____ Phone (home): _____ Mobile: _____ |
| | Location of proposed grazing site (please provide map/diagram of area): |
| | Date of commencement of grazing: |
| | Date of completion of grazing: |
| <input type="checkbox"/> I understand that public liability insurance is required to the minimum value of \$10 million with Wodonga Council's interest noted, and confirming items subject to the permit are covered outside the premises, and have attached a copy of my insurance with this application. | |

Signature of applicant: _____

Date: _____

Office Use Only:

Receipt number: _____ Date paid: _____ Licence prepayment No. _____

Payment options



In person - EFTPOS, credit card, cheque* or cash

Mail options - cheque or credit card (please complete credit card details below):

Card number:

Expiry date:

CCV number
(three digit number on back of card)

Name on card:

Signature:

* Please make cheques payable to 'Wodonga City Council'.