

Application for Daintree River Ferry

Concessional Travel: *Print or fill and print/save form*

You MUST complete ALL questions unless the form indicates otherwise. Incomplete forms or forms without all necessary information and documentation will result in your application not being a properly made application.

APPLICANT DETAILS

Surname:

Given Name/s:

Residential Address:

Suburb:

State:

Postcode:

Postal Address:

Suburb:

State:

Postcode:

Contact Number/s:

Mobile:

Date of Birth:

Email:

- | | |
|---|---|
| ☐ Ratepayer | ☐ Ratepayer Spouse of |
| ☐ Residents Enrolled | ☐ Enrolled Spouse of |
| ☐ Non-enrolled Resident | ☐ Non-resident business employee |
| ☐ Non-Aus-Employer/employee | ☐ Non-Aus-Employer/employee Spouse |
| ☐ Company, Firm or Partnership | ☐ Bona fide Health Worker |
| ☐ Council's Discretion | |
| ☐ Ratepayers for Cook/Wujal Wujal in the specifies areas as defined by Council | |
| ☐ Enrolled for Cook/Wujal Wujal in the specified areas as defines by Council | |

DECLARATION

I declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

Applicant Signature:

Date:

Douglas Shire Council – Information Privacy Statement

Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your information is authorised under the Local Government Act 2009. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the Information Privacy Act 2009 and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.

OFFICE USE

Payment: \$

Receipt No:

CSO:

NAR No:

Assessment No:

Linked: ☐ Yes ☐ No

Electoral Roll Confirm Date:

Drivers License Sighted:

☐ Yes ☐ No

Passport Sighted:

☐ Yes ☐ No

☐ Other Photographic ID:

☐ 3 Forms of Non Photo ID :