

Request for Assistance

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Organisation/Group name:					
Contact Person's name:					
Contact Person's position:					
Postal Address:					
Phone:			Mobile:		
Email:			1	1	
Is the organisation incorporated? If no, name of sponsoring	Yes	No			
organisation:					
Assistance Request (use of fa	acilities use o	f plant etc)			
List items and \$ amounts (eg hall use, plant use etc.)	<u> </u>	· piarit otoj			
	charges on C	ouncil's webs	ite	Amount	
Please refer to the fees and	charges on C	ouncil's webs	ite	Amount \$	
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Organisation's Contribution:					
How will the community benefit fr	om Council Support:				
Note any special circumstance ar	round the event:				
How will the organisation acknow	rledge Blackall-Tambo Regional Co	uncil (if successful):			
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All sections of this form have been completed					
correct.		tailed in this application is true and			
Sign:	Date: _				
Please email completed application to admin@btrc.qld.gov.au					
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	Office Use Only				
Magiq Doc#	Entered into register □	Date:			