

Richmond Shire Council

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Office Use Only				
Received by:				
Receipt/ Waybill/NVD Supplied				

Agistment Application

Applicant Details				
Name:				
Postal Address:				
Residential Address:				
Phone:		Phone (Work):		
Mobile:		Fax:		
Email:				
Preferred Contact Method:	Mail 🗆	Phone 🗌	Email 🗌	
Agistment Details				
Town Common: PIC:QDR0143	☐ Total of 100 head per household, Agistment \$3.50 per head per week			
20 Mile Reserve: PIC:QFRD0112	☐ Total of 100 per head household, Agistment \$3.50 per head per week			
Cape Horn Reserve: PIC:QBR0115	☐ Total of 40 per head household, Agistment \$3.50 per head per week			
Number of Cattle:				
Description of Cattle:				
Brand/s:				
Earmark:				
 I certify that all details given and statements made in connection with this application are true and correct; I have read the Terms & Conditions as per Council's Town Common Agistment Policy and will abide by these rules; I will ensure that all fees are paid by the due date; and I have provided the following documentions as requested: 				
☐ Receipt/Waybill/NVD ☐ List of NLIS Tag Numbers ☐ Proof of Dipping/Spraying				

Applicants Signature:	Date:			
Witness Signature:	Date:			
Privacy Collection Notice	Richmond Shire Council is collecting your name, residential address and telephone number in accordance with the Local Government Act 2009 in order to process your application. The information will only be accessed by employees and/or Councillors of Richmond Shire Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.			
Office Use Only				
Application Received:	Date:			
Receipt/ Waybill/NVD Supplied and copy attached:	Date:			
List of NLIS tag numbers supplied and copy attached:	Date:			
Proof of Dipping/Spraying Supplied and copy attached:	Date:			
Copy of Policy Supplied to Applicant:	Date:			
Application Approved by:	Date:			
Number of RSC Ear Tags issued:	Date:			
Period of Agistment Paid:	From: To	: =	Weeks	
Debtor Account Receipted To:		Receipt Number:		
Debtor Account Receipted To:	\$	Receipted By:		
Invoice Number:		Receipted Date:		