



## AUTHORISATION FOR REMOVAL OF DINGO SCALPS

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### AGREEMENT BETWEEN PROPERTY OWNER AND INDIVIDUAL

**Please Tick:** I am the owner/landholder of the land/property as stated below:

Name			
Lot / Plan number			
Address			
Phone		Mobile	

**IF THE CLAIMANT IS THE LANDHOLDER COMPLETE THE ABOVE SECTION ONLY**

### AUTHORISATION TO REMOVE DINGO SCALPS

**Authorise the removal of dingo scalps from the stated property by: Date**

Name			
Address			
Phone		Mobile	

**Removal of the scalps was conducted on: Date:**

**The claimant agrees that:**

1. The property is within the Isaac Regional Council region and current property details; including property name and lot/plan number **HAVE** been supplied. Failure to supply current and correct property information will result in refusal of claim.
2. The individual has sought permission for the hunting and removal of scalps from the stated property **AND** notification to the landholder has been supplied for the number of scalps removed from the premises.
3. Scalps have not been removed from animals that have died due to the consumption of 1080 (sodium fluoroacetate) or strychnine baits.

Version 4  
Form No: PECS-070  
Authorised by: Director Planning Environment and Community Services  
Document Maintained by: Environmental Services  
Next Review Date: 09.12.2018

AUTHORISATION				
<b>Landowner/occupier</b>	Signature		Date	
	Print Name			
<b>Claimant</b>	Signature		Date	
	Print Name			

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