

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			
ADDRESS			
LOT/PLAN NUMBER		PHONE	
EMAIL			

If the claimant is the landholder complete the above section only.

AUTHORISATION TO REMOVE DINGO SCALPS

AUTHORISE THE REMOVAL OF DINGO SCALPS FROM THE PROPERTY BY:	Date
NAME	
ADDRESS	
PHONE	
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 consumption of 1080 (sodium fluoroacetate) or strychnine baits.

AUTHORISATION

LANDOWNER/OCCUPIER	Signature	Date
	Print Name	
CLAIMANT	Signature	Date
	Print Name	

DEPARTMENT USE ONLY

PROCESSED BY	Signature	Date
	Print Name	