

HIGHWAY COLLECTIONS

PERMIT APPLICATION



Applicant details (please fill in all fields)

First name:	Last name:
Organisation:	
Address:	
Email address:	Contact number:

Permit details

Date(s) of collection activity:	Time (start and finish):
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Approved intersections (please tick all applicable intersections for your activity)

CENTRAL BUSINESS DISTRICT	<input type="checkbox"/> Bellerine and Malop Streets	<input type="checkbox"/> Thompson Road and The Boulevard
<input type="checkbox"/> Gheringhap and Ryrie Streets	<input type="checkbox"/> Bellerine and Ryrie Streets	<input type="checkbox"/> Thompson and Cox Roads
<input type="checkbox"/> Gheringhap and Myers Streets	<input type="checkbox"/> Garden and Mckillop Streets	<input type="checkbox"/> Bacchus Marsh and Purnell Roads
<input type="checkbox"/> Moorabool and Myers Streets		
<input type="checkbox"/> Moorabool and Mckillop Streets	NORTH/WEST	SOUTH/EAST
<input type="checkbox"/> Moorabool and Kilgour Streets	<input type="checkbox"/> Pakington and Aberdeen Streets	<input type="checkbox"/> Boundary Road and Ryrie Street
<input type="checkbox"/> Moorabool and Fyans Streets	<input type="checkbox"/> Shannon Avenue and Aphrasia Street	<input type="checkbox"/> Boundary and Portarlinton Roads
<input type="checkbox"/> Yarra and Malop Streets	<input type="checkbox"/> Thompson Road and Victoria Street	<input type="checkbox"/> Surfcoast Highway and Pioneer Road
<input type="checkbox"/> Yarra and Ryrie Streets	<input type="checkbox"/> Thompson Road and Separation Street	

Additional notes:

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Declaration:

I acknowledge that this declaration is true and correct, and I understand that making a false declaration may result in penalties for perjury. I attach a copy of Certificate of Currency for public liability insurance (min \$10m), which provides indemnity to the City of Greater Geelong in relation to this application and permit and agree to abide with all conditions herewith. I agree to comply with all terms, conditions and local regulations related to this application and issued permit.

Signature:

Date:

Name (print):