



# Cloncurry Shire Council

FRM – IE 1000-04

## Feral Pest Bounty Payment Form

CLAIMANT DETAILS			
Name:			
Address:			
City/Town/State:		Post Code:	
Phone no: (include area code)			
Email for payment notifications:			

BANK ACCOUNT DETAILS FOR EFT PAYMENT			
Account name:			
BSB number:		Account Number:	
Bank Name:			
Bank Address:			

PROPERTY OF ORIGIN - LANDHOLDER DETAILS			
Name			
Address			
City/Town/State		Post Code	
Phone no: (include area code)		Signature of Landholder	

SCALP INFORMATION			
Type of Scalp/Tail	Wild Dog / Wild Cat	Number of Scalps - Dog	
Name of Recipient		Number of Tails - Cat	
Signature of Recipient		Date delivered	
Witness Signature (Council Officer Only)			
Council Officer Name		Date received	

COUNCIL USE ONLY	
Date Received for processing:	
Amount paid:	
Processed by (Council Officer)	
Council Officer Signature:	
Job Costing Code:	