

PRE-CYCLONE SEASON CLEAN UP

| name: | | |
|--|-------|--|
| Contact Number: | | |
| Address: | | |
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| Description of items of materials to be removed: | | |
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| I give permission for Council's employees and machinery to enter the above-mentioned property/properties to remove the identified materials that I have nominated above. | | |
| Signed: | Date: | |

Inclusion | Integrity | Innovation | Infrastructure