



FD2021-

Funeral Travel Assistance Application Form

Applicant Details	
Given Name:	Family Name:
Street Address:	
Phone No.:	
Email Address:	
Funeral Details (please include community flyer)	
Funeral Date:	Funeral Location:
Financial Assistance sought from Council (please provide quotes)	
Financial Assistance: \$	
Being for travel to attend funeral	
Payment - Purchase Order Details <i>All payments will be made directly to relevant supplier/s:</i>	
Supplier	Amount (Quotes attached)
Agreement and Signature	
I, the undersigned, certify that:	
<ul style="list-style-type: none"> To the best of my knowledge, the information given in this document is true and accurate. 	
Name (printed):	
Signature:	Date:

INFORMATION PRIVACY STATEMENT

Your Personal Information is protected by law and can only be released to someone else where authorised by law or where you give your permission. Council is collecting your personal information contained in this document for the purpose of assessment, administration and evaluation. This collection of Personal Information is authorised by law under the Information Privacy Act 2009. It is Council's usual practice that the Personal Information contained in this document is disclosed to Council's external auditors and published on Council's website and in Council's Annual Financial Statements as part of compliance with the Local Government Regulation 2012. By signing this declaration you consent to such disclosure and publication.

Office Use Only	
Approved by CEO: Y <input type="checkbox"/> N <input type="checkbox"/>	Date:
Signature:	

