



city of
kalamunda

CITY OF KALAMUNDA

PO Box 42, Kalamunda 6926

POLICE NOTIFICATION

Hiring Council Facilities

Details of Hirer:

First name: _____ Surname: _____

Date of birth: _____ Drivers licence #: _____

Phone (H): _____ (W): _____

Mobile: _____ Email: _____

Address: _____

Suburb: _____ Post code: _____

PLEASE ATTACH A PHOTOCOPY OF YOUR DRIVERS LICENCE WITH YOUR APPLICATION

Details of Function

Type of function: _____

Name of facility: _____

Address: _____

Suburb: _____ Date: _____

Function time - start: _____ Finish: _____

Security Arrangements:

Has the function been advertised? Yes No

No. of people attending: _____

Entry to be by invitation only: Yes No

Security / crowd control been engaged Yes No

Company: _____

Other Considerations:

Consuming alcohol? Yes No

Selling alcohol? Yes No

Liquor licence / permit been obtained: Yes No

Door / entrance fee being charged: Yes No

Price of tickets: _____

Other notes of Interest: _____