**APPLICATION FORM**

**Request For Copy Of A Recording Of**

**A Council Meeting**

**IMPORTANT NOTE**

**A separate Application Form must be filled out for each Recording requested.**

**PERSONAL INFORMATION**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organisation (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REQUESTED RECORDING**

I request a copy of the audio recording at a cost of $15.00 of the:

□Ordinary Council Meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert date), or

□Special Council Meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert date)

**PAYMENT OPTIONS**

□Please Invoice me and send me the recording following payment

□I attach $15.00 in the form of a Cheque or Money Order payable to Wyndham City Council

□ BANKCARD □ MASTERCARD □ VISA

**CARD NO**

\_ \_ \_ \_ /\_ \_ \_ \_ /\_ \_ \_ \_ /\_ \_ \_ \_

EXPIRY DATE: \_ \_ /\_ \_ CARDHOLDER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare that the information supplied is true and correct

**DECLARATION:**

I agree that I will not use the recording in any way that is considered abusive, indecent or offensive. Further, I agree not to edit or alter the recording in such a way as to misrepresent the views expressed at the Council Meeting.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE LODGE THIS APPLICATION IN ONE OR MORE OF THE FOLLOWING WAYS:**

🖳 Emailed to **Governance@wyndham.vic.gov.au**

🏛 Delivered to Wyndham Civic Centre, 45 Princes Highway, Werribee

🖂 Mailed to PO Box 197, Werribee 3030

Please mark all correspondence Attention: Governance Unit