



FORM 5I

TEMPORARY CAMPING LICENCE APPLICATION

CARAVAN PARKS AND CAMPING GROUNDS ACT 1995, SEC. 7(1)(a)

APPLICANT	SURNAME:				
DETAILS (1)	OTHER NAMES:				
	POSTAL ADDRESS:				
	PHONE N	IUMBER:	N	MOBILE:	
	EMAIL ADDRESS:				
APPLICANT	SURNAME:				
DETAILS (2)	OTHER NAMES:				
	POSTAL ADDRESS:				
Strike or remove if not					
	PHONE NUMBER: MOBILE:				
required	EMAIL ADDRESS:				
APPLICANT DETAILS (3) Strike or remove if not required	SURNAME:				
	OTHER NAMES:				
	POSTAL ADDRESS:				
	PHONE NUMBER: MOBILE:				
	EMAIL ADDRESS:				
PROPOS TEMPORA		STREET ADDRESS:			
CAMPGROUN DETAIL	ID LAND	TOWN/SUBURB:		STATE:	POSTCODE:

Note: Also provide a plan on which the land is marked **LANDOWNER** SURNAME: **DETAILS OTHER NAMES: POSTAL ADDRESS:** PHONE NUMBER: MOBILE: **EMAIL ADDRESS:** Note: This section is only necessary if the applicant does not own the land referred to above. Details are to be provided in respect to each landowner. FROM: TO: PROPOSED CAMPING DATES **NUMBER OF SITES PLANNED CARAVAN SITES: TENT SITES: ABLUTION FACILITIES** MALE **FEMALE UNISEX** NUMBER OF PEDESTALS **NUMBER OF URINALS** LENGTH OF URINAL(S) **NUMBER OF SHOWERS REFUSE DISPOSAL ARRANGEMENTS DECLARATION OF APPLICATION**

DATE:

SIGNATURE:

declare that all the details in this form are true and correct.