

Abertillery & Llanhilleth Community Council

Equipment Hire Application Form

Applicant Details

Name of Applicant: _____

Organisation (if applicable): _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Eligibility

Please tick the appropriate category:

☐ Local Community Group

☐ Registered Charity

☐ School / Youth Organisation

☐ Resident Organising a Non-Commercial Community Event

☐ Commercial Organisation (Council approval required)

Event Details

Name of Event: _____

Purpose of Hire: _____

Event Date(s): _____

Venue / Location: _____

Equipment Required

Equipment Quantity

Hire Period

Collection Date & Time: _____

Return Date & Time: _____

Collection and return times are subject to agreement with the Council.

Identification

Please provide:

☐ Proof of Identity

☐ Proof of Address

Fees and Deposit (Office Use)

Hire Fee: £_____

Security Deposit: £_____

Payment Received:

☐ Yes

☐ No

Fee Waived:

☐ Yes

☐ No

Reason: _____

Hirer's Declaration

I confirm that:

- The information provided on this form is accurate.
- I have read and agree to comply with the Community Council Equipment Hire Policy.
- I will use the equipment only for the purpose stated on this application.
- I will return all equipment in the same condition as it was issued.
- I accept responsibility for the safe use of the equipment during the hire period.
- I will not loan the equipment to any third party.
- I will report any loss, damage or malfunction immediately.
- I understand that I may be liable for repair or replacement costs arising from loss, damage or misuse.
- I understand that the Council's insurance does not cover negligence by the hirer.

Applicant Signature: _____

Print Name: _____

Date: _____

Council Use Only

Application Received: _____

Equipment Availability Confirmed:

☐ Yes

☐ No

Application Approved:

☐ Yes

☐ No

Approved By: _____

Collection Completed:

☐ Yes

Date: _____

Equipment Returned:

☐ Yes

Date: _____

Condition on Return:

☐ Good

☐ Minor Damage

☐ Major Damage

Comments:

Deposit Returned:

☐ Yes

☐ No

Amount Returned: £_____

Authorised By: _____

Date: _____