

Vehicle Disposal Declaration

(Vehicle / car body disposal available at

PORTSMITH TRANSFER STATION ONLY)

APPLICANT DETAILS

Applicant Name (Print):		
Residential Address:		
Suburb:		
State:	Postcode:	
Mobile:	Phone (Bus Hours):	
Drivers Licence #:		·
Email:		

DECLARATION					
Name:	l,				
Declare that the following vehicle:					
Make & Model:					
Chassis / Vin Number	:				
Has been drained of all the following reservoirs (please tick):					
	1	Engine oil			
	2	Radiator coolant	\square		
	3	Brake fluid	\Box		
	4	Transmission fluid	\Box		
	5	Differential fluid			
	6	Petrol, diesel, or other fuel			
I can confirm that the following items have been removed:					
	7	Battery/batteries			
	8	Fuel tank and or LPG tank			
	9	LPG tank			
I can confirm that the following items have been deflated:					
	10	All tyres (including spare)			

Signature: Date:

OFFICE USE ONLY – TO BE COMPLETED BY COUNCIL OFFICER INSPECTING VEHICLE						
Council Officer:		Disposal Date:				

Cairns Regional Council – Information Privacy Statement

Your personal information is being collected in order to process this declaration. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.