



CAIRNS REGIONAL COUNCIL

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NOTICE OF LOST/STOLEN/DAMAGED CARD LAKE STREET MULTI STOREY CARPARK

CARDHOLDER DETAILS

Cardholder Name _____
Business Name (if applicable) _____
E-Mail Address _____
Phone No _____

CARD DETAILS

Date Lost / Damaged / Stolen _____
Card Number _____

CARDHOLDER OR AUTHORISED REPRESENTATIVE TO COMPLETE

I hereby certify that the foregoing particulars are correct

Full Name _____

Signature _____ Date _____

OFFICE USE ONLY

Replacement Card No _____ Account Number _____

Date Processed _____ Officer Signature _____

Cairns Regional Council – Information Privacy Statement

Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your information is authorised under the Local Government Act 2009. 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.