

PERMISSION TO USE LAND FOR OUTDOOR FIREWORKS DISPLAY

*NB: ALL information MUST be completed in full
Incomplete or insufficient information may NOT be acceptable for the purposes of notifying Workplace Services*

I (Name of Individual)

representing (Business, Organisation or Council)

hereby agree and give consent to SA Fireworks conducting an Outdoor Pyrotechnics Display and using all facilities available on land

owned by me in my care, control or management (please tick one)

at (Street Address)

..... (Suburb/Town & Postcode)

..... (Map Reference, i.e. UBD or Gregory's)

in the Local Council area of

on (Day, Date/Month/Year)

commencing at (Start Time)

and scheduled to conclude at (Finish Time)

CONTACT DETAILS

Postal Address:
.....

Telephone: Mobile Phone:
(Mobile telephone numbers listed as the only Contact will NOT be accepted)

Fax:

Email:

Signed:

Date: / /

RETURN THIS FORM TO:

SA FIREWORKS
PO BOX 16, PROSPECT SA 5082
Fax: 08 8344 9917
Email: safireworks@bigpond.com