

Please complete this form to add the verge adjacent to your property to the Shire of Gingin's **No Spray Register**.

Registration to the No Spray Register means that pesticides will not be used on the verge adjacent to the registered property.

Residents can only register the properties for which they are the ratepayer on the No Spray Register.

Registration to the No Spray Register requires you to commit to:

- Maintaining your verge, including weed removal.
- Understanding that the No Spray Register does not apply to parks, reserves, and natural areas.
- Registration may take seven (7) business days to come into effect.
- Adhere to the Shire's **Verge Treatment Guidelines** attached.

To register for the No Spray Register and to receive your signs, there is a fee of \$50 (as per the Councils Fees & Charges 2023/24 document available on the Shire's website) which includes the ordering and installation of the sign.

| Applicant's Details | | | |
|---|--|----------------|--|
| Applicant's Name: | | | |
| Organisation <i>(if applicable):</i> | | | |
| Street Address of Property to be Added to the No Spray Register: | | | |
| | | | |
| Email Address: | | | |
| Contact Phone Number: | | Mobile: | |

| Acceptance | | | |
|---|--|--------------|--|
| I have read, understood, and accept the conditions and requirements of this Application and Verge Treatment Guidelines. | | | |
| Applicant's Signature: | | Date: | |

| Office Use Only | | | |
|-----------------|------------------------------|-----------------------------|----------------------------|
| Approved? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date: <input type="text"/> |
| Comments: | | | |
| Officer Name: | | Officer Signature: | |

FOR CREDIT CARD PAYMENT PLEASE USE AUTHORISATION FORM ON NEXT PAGE

| Credit Card Payment Authorisation | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|--|--|--|---|--|--|--|--|---|------|--|--|--|---|--|--|--|--|
| Name on Card: | | | | | | | | | | | | | | | | | | | |
| Card Number: | | | | | - | | | | | - | | | | | - | | | | |
| Expiry Date: | / | | | | | | | | | | CSV: | | | | | | | | |
| Cardholder Signature: | | | | | | | | | | | | | | | | | | | |

PLEASE BE ADVISED THESE DETAILS WILL BE DESTROYED ONCE PROCESSED