



Coordinated Aerial Feral Pig Control Program

Please complete and return this form, with payment to SLCMA.

Landholder & Property Details

I, _____ owner/manager
 Wish to participate in the Coordinated Aerial Feral Pig Control Program. Yes No

Wish to receive ongoing communication relating to the program. Yes No

Consent to the use of a helicopter and licensed shooter to fly within my property boundaries. Yes No

Please indicate the longevity of this permission form 1 YEAR 2 YEAR 3 YEARS
Note: payments still only required for 1 year at a time.

NOTE: YOU WILL RECEIVE COMMUNICATION PRIOR TO EACH CONTROL EVENT

Landholder Name: _____

Phone: (Home): _____ **(Mobile):** _____

Email Address: _____

Postal Address: _____

Property Address: _____

Lot/Plan/s (of property): _____

Lot ____ Plan _____	Lot ____ Plan _____	Lot ____ Plan _____
Lot ____ Plan _____	Lot ____ Plan _____	Lot ____ Plan _____
Lot ____ Plan _____	Lot ____ Plan _____	Lot ____ Plan _____

Other information: (eg. 'no' fly zones, powerlines, recent pig movements or hot spots etc) _____

I/We agree to and understand the listed terms and condition (*over page*) to be a participant in the Coordinated Aerial Feral Pig Control Program.

Signed _____ Date _____

HELP: Keep the feral pig population under control by spreading the word and encouraging your neighbours to participate.

Office Use Only:

First date/...../..... 1 Year 2 Years 3 Years

End date/...../.....

	Confirmation received	Invoice Issued/receipted	Amount Paid	Add to database		
Year 1						
Year 2						
Year 3						



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Terms & Conditions

- The Coordinated Aerial Feral Pig Control Program will be coordinated by Sarina Landcare Catchment Management Association Inc (SLCMA) on behalf of the participating landholders. SLCMA will have the overarching decision making authority for the program.
- No person/s will be within any of the identified shooting zones while the helicopter is present.
- No person will cross onto any other person's property under any condition unless prearranged by the property's owner or manager.
- Sarina Landcare Catchment Management Association will take no responsibility or will not be held accountable or liable for any injury, loss of life or damages incurred as a result of the Program.
- All property owners/managers participating in the project, will be responsible for ensuring that no persons, vehicles, domestic animals or stock on their property, are in the vicinity of the identified shooting zones, during the event.

Landholder contribution: \$385 (inc GST)

Payment methods

Cheque: Please make payable to SLCMA.
Post to: PO Box 682, Sarina QLD 4737 or,
Deliver to: 101 Beach Rd, Sarina

OR,

Electronic Funds Transfer Details: *(Please use surname and initial as a reference).*

Acc name: SLCMA
BSB: 633-000
Acc #: 136 296 357

For more information phone: (07) 4956 1388 or email: admin@sarinalandcare.org.au

Sarina Landcare Catchment Management Association Inc.

Postal address: PO Box 682, Sarina QLD 4737 | **Location:** 101 Beach Road, Sarina

Phone: 07 4956 1388 | **Email:** admin@sarinalandcare.org.au