Shire of Yalgoo
37 Gibbons St
Telephone: (08) 9962 8042
Fax : (08) 9962 8020
Email: pa@yalgoo.wa.gov.au

Shire of Yalgoo Wild Dog Bounty
Record sheet and Claim for Payment Form

Property
Name: ______________________________________
Owner/Manager: ______________________________________
Signature: ______________________________________
Date: ______________________________________

Claimant
Name: ______________________________________
Address: ______________________________________
Phone: ______________________________________
E-mail: ______________________________________

Bank Details:
Account Name: ______________________________________
BSB: ______________________________________
Account Number: ______________________________________
<table>
<thead>
<tr>
<th>Date of destruction</th>
<th>How destroyed</th>
<th>GPS location of kill</th>
<th>Sex if known</th>
<th>Date of submission</th>
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**Note:**

- If date of destruction is not known, then record the date the dead dog was found.
- If you cannot get the GPS coordinates, then revert back to a map and work out the map coordinates as accurately as possible.
- This Record Sheet/Claim Form must be accompanied by a legitimate invoice or Tax Invoice if you are registered for GST. e.g. a scalp is $100 + GST.
- The scalp is in two parts.
  a) Both ears joined by the strip of skin across the top of the head; and
  b) 100 mm off the end of the tail.
- The Shire CEO will not authorize the claim for payment if this form is incomplete, there is not an appropriate invoice, or the scalp is not compliant with the terms and conditions.

**Declaration:**

I declare that the above claimed dogs were destroyed on the named station, and that this property falls within the wild dog bounty trial area.

I agree with the terms and conditions and confirm all details provided are true and correct.

Claimant Signature: ____________________________________________

To be completed by Shire of Yalgoo CEO:

I declare all paperwork required has been submitted and dog scalps meet requirements as per Terms and Conditions document. This being the case I authorize this claim for payment.

CEO Signature: ____________________________________________

Date: ____________________________________________