LIVESTOCK HEALTH AND PEST AUTHORITIES
LHPA
Safeguarding Agriculture in NSW

FORM 2 – RESERVE USE APPLICATION

Rural Lands Protection Act 1998 - Part 8, Division 5, Section 100

Livestock Health and Pest Authority	

Name:					
Company / Partnership Name:					
Address:					
Phone:		Fax:		Mobile:	

Proposed activity

Date(s) of proposed activity

Reserve number / name (if known)	**Location of reserve**

Insurance details

Insurance company:	Type of insurance:
Policy number:	Commencement and expiry dates:
Maximum amount of cover: $	Is the authority, its directors and employees indemnified under the policy? ☐ Yes ☐ No *(please tick)*

I hereby agree to abide by the relevant provisions of the *Rural Lands Protection Act 1998* and the fees and conditions relating to this permit.

Signed: …… **Date:** …… **Signed:** …… **Date:** ……
(Applicant) *(Authorised officer of the authority)*

Office Use Only

Date received: …… Receipt number: …… Amount received: ……