

Reusable Cloth Nappy and Sanitary Product Application



Please complete the following information and return it by email or post.

Shire of Augusta Margaret River Po Box 61, Margaret River WA 6285 P: 08 9780 5255

E: amrshire@amrshire.wa.gov.au

Contact details:

Full name: _____

Property Address: _____

Phone: Home: _____ Mobile: _____

Email: _____

☐ **Ratepayer**

☐ **Renting**

☐ I have attended a Cloth Nappy information session, date attended and location of workshop:

☐ I have attended a Reusable Sanitary information session, date attended and location of workshop:

☐ Attached a copy of purchase receipt

☐ Attached a copy of a government issued photo identification document (drivers licence, photo ID or passport)

☐ If Ratepayer, attached a copy of a Rates notice for proof of address

☐ If Renting, attached a copy of Lease Agreement for proof of address

☐ I am applying for a \$100 cloth nappy subsidy

☐ I am applying for a \$50 reusable sanitary and incontinence product subsidy

☐ I am applying for both subsidies

Terms and Conditions

Cloth nappy and reusable sanitary product subsidies are offered for new products only.

Items purchased as part of the subsidy will be used for personal use only and not provided as gifts to others.

Pre-loved items purchased from secondhand entities will not be accepted as part of the subsidy payment.

Only residents who live in the Shire of Augusta Margaret River are eligible for the subsidies.

One rebate for cloth nappies and one rebate for reusable sanitary including incontinence products are available **per household**.

All rebate applicants must provide proof of address in the document form requested above and receipt of purchase showing the details of the purchase.

Receipts provided must be true receipts and must not be less than 6 months old for purchases of cloth nappies and reusable sanitary products including incontinence products.

Subsidy payments may take up to two weeks to process, funds will be transferred electronically into the nominated bank account only.

The items purchased as part of the subsidy payment will not be on-sold for 12 months after the subsidy has been provided.

☐ **I have read and agree with the terms and conditions above.**

Declaration:

Please tick the boxes to indicate that you agree with the following:

- ☐ Reside in the Shire of Augusta Margaret River full-time.
- ☐ I have attached the receipt (less than 6 months old) for my purchase of Cloth Nappies, Reusable Sanitary Products, or both.
- ☐ I have not or anyone in my household, previously received a subsidy for Cloth Nappies or/and Reusable Sanitary Products including incontinence products from the Shire Augusta Margaret River.

Signature of applicant _____ **Date:** _____

Bank details:

Account Name: _____

BSB: _____ Account Number: _____

Office Use Only					
All information provided is true and correct with supporting documentation attached					
Charge Code	Business Unit – Reference No. - Description			GST (Y/N)	Total (inc GST)
Grand Total					
Receipt No:		N&A Ref No		Creditor No:	
Authorising Officer signature and stamp			*New Creditor approved CEO/Director/Manager signature and stamp:		

