



LIGHT REGIONAL COUNCIL

Heritage Incentive Scheme (HIS) Acquittal Form

Applicant's Details

Date:

Applicant's Full Name:		
Address:		
Postal Address (if different from above):		
Suburb:	State:	Postcode:
Telephone:	Mobile:	
Email:		

HIS Grant amount: \$

Date received:

Heritage Item Details

Property address where works were completed:
Type of Heritage Item: (please tick) <input type="checkbox"/> Local Heritage Place <input type="checkbox"/> Contributory Item <input type="checkbox"/> Special Project* <i>* in an Historic Conservation Zone or Policy Area</i>

Project Summary

Please provide a summary of the completed heritage works. (attach separate sheet if required).
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Project Photos

Please attach photos of the completed heritage works.

Project Income/Expenditure

Please provide copies of invoices/receipts for materials and works.

What was the total value of the completed works?	\$
Did you receive any other grant funding for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate amount received	\$
What is the balance you contributed to the project?	\$

Project Timeframe

Date works commenced:

Date works were completed:

Applicant Declaration

I (print name) _____ declare that this HIS Acquittal has been completed accurately and all information given is true and correct and that no pertinent information has been omitted or withheld.

Signed _____ Date _____

I consent to project photos being included in Council's annual report. YES NO

I have completed my bank details on page 3 for Electronic Funds Transfer of the HIS grant
 YES NO

Submit the completed HIS Acquittal Form:

- Via email: light@light.sa.gov.au; or
- Via post: PO Box 72 Kapunda SA 5373; or
- In person at 93 Main Street, Kapunda; or 12 Hanson Street, Freeling

Appendix 1 Bank Details

Company/Business Name: <i>(your Trading Name)</i>	
ABN Number:	
Payment Type:	EFT (please complete the following 4 fields for EFT)
Name of Bank:	
Account Name:	
Account BSB Number:	
Bank Account Number:	
Email Address: <i>(for remittance advice)</i>	
Your Reference:	
Contact Person's Name:	
Phone Number:	
Fax Number:	
Address (inc Postal)	