



**MELTON COMMUNITY BUS SERVICE**  
**Application/Renewal - Status as Registered User**  
**P.O. Box 21, Melton VIC 3337**  
 Telephone: 9747 7200 Facsimile: 8746 2643

### Group/Organisation Details

Name of Group/Organisation: \_\_\_\_\_

Address:

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Name of person responsible for booking: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home Address:

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

### Description of Group/Organisation

Year group was established : \_\_\_\_\_ Number of members : \_\_\_\_\_

Type of group/organisation/association:

Recreational     Welfare Support     Educational     Other: \_\_\_\_\_  
 (Please state)

Is the group/organisation/association incorporated?  Yes  No If yes, please attach copy of incorporation

Does the group/organisation/association have public liability insurance?  Yes  No If yes, please attach copy of public liability insurance.

~~Does your group/organisation a Registration Certificate through Transport Safety Victoria?  Yes  No If yes, please attach copy of public liability insurance.~~

Provide a brief description of the group/organisations purpose: \_\_\_\_\_

\_\_\_\_\_

**Please attach other relevant comments in support of this application including evidence that the community group meets the eligibility criteria, target group and purpose for using a community bus.**

### Declaration

**I \_\_\_\_\_ (applicant) and \_\_\_\_\_ (user group witness) have been authorised to seek approval as a registered user group on behalf of the above mentioned community group.**

Signature of authorised applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of user group witness: \_\_\_\_\_ Date: \_\_\_\_\_

Community groups will be officially registered when they receive a letter of confirmation from Melton City Council.  
 This application will be valid for the period 1 January 2023 until 31 December 2023.