

Master Locksmith Association Key (MLAK) application

v	\sim	ur		-	
- 1			 _	_	
	•	~ :			_

Surname	Given Name/s						
Address							
Suburb/Town	State	Postcode					
Telephone Number Mobile Number	Email						
Supporting Documentation Required Written Authority to obtain key has been provided by: A Doctor or hospital A Disability Organisation A Community Health Centre The Centre Management or owner of the building with an accessible toilet on site. Signature I agree to notify Council should the key be lost or stolen and/or to return the key if it is no longer required.							
Signature	Date						
How to lodge this form Completed form is to be lodged at our Customer Service Friday (excluding Public Holidays)	Counters between 8.30am ar	nd 4.30pm Monday to					
Office use Only							
Amount Received \$ Receipt No.	Key No. Issued	Date					
Documentation sighted by (CSO)							

Privacy Notice: Under Privacy laws, you have the right to find out why we are collecting this information, if it is compulsory and what we are going to do with it. You also have rights to access and correct any information held about you. If you need an interpreter, call 131 450