

## CASUAL LEASING REQUEST FORM

Name of Shopping Centre	_____
Area of Shopping Centre Required i.e. inside front entrance	_____
Purpose i.e. Raffle Sales	_____
Three (3) dates for activity	a. _____
	b. _____
	c. _____

You will be contacted if one (1) of your requested dates is available

Name of Organisation	_____
ABN or BRN	_____
Contact Person	Name: _____
	Address: _____
	Suburb: _____ State: _____
	Postcode: _____
	Phone: _____
	Mobile: _____
	Email: _____

Please complete this form and return to: **Property Manager**  
 McGees Property  
 GPO Box 997  
 BRISBANE QLD 4001

Please enclose a copy of your **Certificate of Currency** of Public Liability of Insurance showing a minimum of \$10,000,000 with this request.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Position Held**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**