



Queensland Wildlife
Rehabilitation Council Inc
ABN 57 712 538 186

QWRC DISASTER RESPONSE FORM

Date:

Name:

Residential Address:

Postal Address:

Phone:

Mobile:

E-mail:

QWRC Councillor involved:

QWRC District:

Independent Carer: YES NO

Independent Permit Number:

Name of Affiliated Group:

Group permit number:

Assistance you require:

Where large infrastructure items have been damaged please provide photos of damaged items.

Has assistance already been requested or received from Group or another source: YES NO

If Yes what assistance was requested and/or received:

Signed:..... Date:

Please be advised you are required to either print and sign this document or insert a digital signature.

Office use only

Date received: Received by post email

Received by (name):

QWRC Response:

Outcome:

Cost to QWRC:

Processed by:

Signed off by:

Date completed and filed: