

Cocos Palm Removal & Replacement Program Application Form

Your details

1. What is your contact information? *

Name	
Property Address	
Postal Address	
Email Address	
Phone Number	

2. Have you read the Cocos Palm Removal & Replacement Program Guidelines? *

- ☐ Yes
- ☐ No - *Please read the guidelines before starting an application*

3. Do you live within 1km of one of the following flying-fox roost sites?

- ☐ Miriam Vale
- ☐ Joe Joesph Drive, West Gladstone
- ☐ Sun Valley Road, Sun Valley
- ☐ Leixlip Creek, Calliope
- ☐ Canoe Point, Tannum Sands

4. Have you read and agree to the Cocos Palm Removal & Replacement Program Terms & Conditions? *

- ☐ Yes
- ☐ No - *Please read the terms & conditions before starting an application*

About your project

5. How many Cocos Palms are you seeking to remove from your property? *

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6. How are you planning to complete the work?

- ☐ Performing work privately – *Photographs of trees must be supplied with this application*
- ☐ Engaging a contractor – *Photographs of trees + Quote must be supplied with this application*

7. If engaging a contractor, will they be performing other tree removal or vegetation management in conjunction with this work?

- ☐ No
- ☐ Yes – *Cocos palms to be listed separately on quote*

8. Are you seeking to replace the removed tree/s with a native tree or shrub?

- ☐ No
- ☐ Yes – *Provide details below*

Native tree/shrub species	Number

Flying-fox impacts

9. Are you currently impacted by flying-foxes foraging on Cocos Palms at your property?

- ☐ Yes
- ☐ No

10. What has motivated you to apply for this grant?

Submission of application:

Please return this completed application form via:

- Email: Info@gladstone.qld.gov.au
- Post: Attn: Environment & Conservation
PO Box 29
Gladstone QLD 4680
- In person at a GRC Customer Service Centre



Council Use Only

Does the applicant meet all requirements as per the program guidelines?

☐ Yes

☐ No

Application outcome:

☐ Approved

☐ Not approved

Maximum approved funding amount (\$500 per tree): \$_____

Comments and/or conditions

Assessing Officer Name: _____

Date: _____

Signature: _____