

LIGHT REGIONAL COUNCIL Heritage Incentive Scheme (HIS) Acquittal Form

Applicant's Details	Date:		
Applicant's Full Name:			
Address:			
Postal Address (if different from above):			
Suburb:	State:	Postcode:	
Telephone:	Mobile:		
Email:			
HIS Grant amount: \$	Date received:		
Heritage Item Details			
Property address where works were completed:			
Type of Heritage Item: (please tick)			
Local Heritage Place	Contributory Item	Special Project*	
•	* in an Historic Conservatio		
Project Summary		<u></u>	
Please provide a summary of the completed heritage works. (attach separate sheet if required).			

Project Photos		
Please attach photos of the completed heritage works.		
Project Income/Expenditure		
Please provide copies of invoices/receipts for materials	s and works.	
What was the total value of the completed works?	\$	
Did you receive any other grant funding for this project?		
☐ Yes ☐ No If Yes, please indicate amount received	\$	
What is the balance you contributed to the project?	\$	
Project Timeframe		
Date works commenced:		
Date works were completed:		
Applicant Declaration		
Applicant Declaration		
I (print name)	declare that this HIS	
Acquittal has been completed accurately and all informatio	n given is true and correct and	
that no pertinent information has been omitted or withheld.		
Signed	Date	
I consent to project photos being included in Council's ann	ual report.	

Submit the completed HIS Acquittal Form:

- Via email: light@light.sa.gov.au; or
- Via post: PO Box 72 Kapunda SA 5373; or
- In person at 93 Main Street, Kapunda; or 12 Hanson Street, Freeling