

This form is to be completed by a person who has a current water licence and would like to renew their existing licence.

Prior to the completion of this application, you must read and understand the licence terms and conditions to "Take and Use" water from the Coliban Water rural system.

Licences are issued for a maximum of 15 years.

A \$65.00 transfer fee applies to each application approved.

If you have any questions or concerns please contact our Rural Customer Service team on 1300 363 200.

Name of applicant

(If more than two individual licensees please attach on a separate page – all parties listed must sign the declaration on this form.)

Title (please circle) Mr / Mrs / Ms / Miss / Dr

Given names: _____ Surname: _____

Title (please circle) Mr / Mrs / Ms / Miss / Dr

Given names: _____ Surname: _____

Or

Company / Business / trading name: _____

Company contact person: _____

Position held within company: _____

ABN: _____

Contact details

Postal address: _____

Town: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

Existing licence details

Property ID: _____

BEE: (Bundled Entitlement Entity) _____

ABA: (Allocation Bank Account) _____

Service points / outlet numbers: _____



Approvals / declarations

- I/we have read and understand the licence terms and conditions to take and use water from the Coliban Water rural system. This document is available online at www.coliban.com.au.
- I/we understand that the information provided on this form is true and correct. I/we are aware that it is an offence to supply false or misleading information.
- I/we are aware that Coliban Water may release information contained in this application, at the discretion of Coliban Water to relevant parties and organisations in accordance with the relevant legislation. Coliban Water protects your privacy by collecting and handling information in accordance with the requirements of the *Information Privacy Act 2000*.

Applicants signature: _____ Date: _____

Please print name: _____
(Please note position within company if applicable)

Applicants signature: _____ Date: _____

Please print name: _____
(Please note position within company if applicable)

Submitting the form

Please mail the completed and any required attachments:

Rural Customer Service Team
Coliban Water
PO Box 2770
BENDIGO DC VIC 3554

Checklist:

- Complete all sections of the form.
- Payment of \$65.00 administration fee.