

Licence Holder DetailsTitle: Miss Mrs Ms Mr

First Name: _____

Other Initial: _____

Surname: _____

Address: _____

Postcode: _____

Mobile: _____

Work
Telephone: _____**Rural
Licence
Number:** _____**Licence Holder Details:**Title: Miss Mrs Ms Mr

First Name: _____

Other Initial: _____

Surname: _____

Address: _____

Postcode: _____

Mobile: _____

Work
Telephone: _____**Rural
Licence
Number:** _____**Declaration:**

'I/We the Rural Licence holders/s authorise the person/s specified below to order water on my/our behalf and receive information relevant to water ordering on the above listed licence number(s) from Coliban Water. This authorisation does not extend to account information of any kind other than information related to water ordering.'

Signature: _____

Date: _____

Signature: _____

Date: _____

Please see over

Authorised Person Details

Title: Miss Mrs Ms Mr

First Name: _____

Other Initial: _____

Surname: _____

Address: _____

Postcode: _____

Mobile: _____

Work
Telephone: _____

Access ID
(password): _____

Authorised Person Details

Title: Miss Mrs Ms Mr

First Name: _____

Other Initial: _____

Surname: _____

Address: _____

Postcode: _____

Mobile: _____

Work
Telephone: _____

Access ID
(password): _____

Declaration:

'I/We the authorised person/s consent to be constituted an authorised person for the purpose of placing rural water orders on Licence number(s) (_____) and acknowledge that I/we have been authorised in writing by the Licence holder/s named in this authority to receive any information from Coliban Water relating water ordering for the specified Licence(s).'

Signature: _____

Date: _____

Signature: _____

Date: _____

Coliban Water
PO Box 2770
Bendigo DC VIC 3554

Tel: 1300 363 200
Fax: 5434 1341
www.coliban.com.au

Office Use Only:

Received by: _____

Date: _____

Processed by: _____

Date: _____