

WATER RESTRICTIONS Exemption Request Form

Customer number:

Property details

Lot number:

Street number:

Street name:

Town: Postcode:

Vic Roads Reference:

Customer details

Name:

Address:

Postcode:

Contact numbers (Home):

(Business):

(Mobile):

After hours:

Facsimile:

For a company application only

Registered company name:

Company trading name:

Registered head office address:

ABN:

Category of water restrictions to which exemption is requested (please tick)

Residential or commercial garden

Exemption from watering within the prescribed hours (please specify details):

Exemption from using a trigger nozzle (requires a medical practitioner's signature – overleaf)

Exemption from other (please specify details):

Public gardens / sports grounds / recreational areas / fountains (please circle as appropriate and specify details):

Vehicle cleaning / cleaning paved areas (please circle as appropriate and specify details):

Construction activities (please specify details):

Other (please specify details):



GIPPSLAND
WATER

Our Water Our Future
A Victorian Government initiative



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Particular exemption

The following additional information is required in order to determine whether a particular exemption may be granted:

Duration of exemption (please tick):

- Temporary Permanent

Reason for seeking a particular exemption

Please note what the principal reasons for seeking an exemption are:

- Avoid an inequitable impact upon the livelihood of the applicant.
- Adverse effect on public health and safety.

Please attach any additional specific documents to support your request.

Particular exemption sought on medical grounds

A medical practitioner should complete this section **ONLY** if required for the particular exemption being sought.

Doctor's name: _____

Provider number: _____

This is to certify that I have examined: _____

In my opinion he/she should be granted this exemption on account of a medical condition.

Signed: _____

Conditions for granting exemptions

If this exemption is granted, I agree to:

- Authorise Gippsland Water to publicly disclose any relevant details of the exemption including my personal information (other than personal health matters).
- Adhere to all the specific requirements contained within the exemption.
- Provide appropriate access (as required), to enable Gippsland Water, or its authorised representative, to assess the initial application and monitor the ongoing adherence to any exemption conditions.
- Any other specified conditions as determined by Gippsland Water.

Customer signature: _____

Name (print): _____ Date: _____

Company title (if applicable): _____

Your Privacy

For a copy of Gippsland Water's Privacy Policy, which describes in more detail how personal information may be used, please contact Gippsland Water on 1800 066 401.

Please note: Water restrictions must be followed. Penalties apply for non compliance. In the event that a higher stage of water restrictions is imposed this exemption will no longer apply.

Office use only	
Name of authorised person: _____	
Signed: _____	Date: _____
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Special conditions: Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide specific details: _____	

**Please fax this application to (03) 5174 0103
or mail to: Gippsland Water
PO Box 348
Traralgon VIC 3844**

