

Water Restrictions Exemption Application Form



PROPERTY DETAILS – Address where exemption is sought	
Account number:	
Street Address:	
Town:	Post Code:
CUSTOMER DETAILS	
Name:	
Postal Address:	
Town:	Post Code:
Home Phone:	Business Phone:
Mobile:	Email:
Company Application Only	
Registered Company Name:	
Company Trading Name:	
Postal Address:	
Town:	Post Code:
EXEMPTION DETAILS <i>If physical impairment - medical practitioner's signature overleaf.</i>	
<input type="checkbox"/> Watering warm season grasses <i>(provide details and attach evidence).</i> Application Type: <input type="checkbox"/> turf or <input type="checkbox"/> seed. Grass type: <input type="checkbox"/> buffalo, <input type="checkbox"/> couch, <input type="checkbox"/> kikuyu. Approximate area of planting: m ²	
<input type="checkbox"/> Watering lawn area or a general playing surface <i>(provide details).</i>	
<input type="checkbox"/> Handheld hose with trigger nozzle, bucket or watering can for garden or particular playing surface <i>(provide details).</i>	
<input type="checkbox"/> Fountain, water feature, pond or lake <i>(provide details).</i>	
<input type="checkbox"/> Pools, spas or water toys <i>(provide details).</i>	
<input type="checkbox"/> Dam, tank, water tanker <i>(provide details).</i>	
<input type="checkbox"/> Cleaning vehicle <i>(provide details).</i>	
<input type="checkbox"/> Other cleaning or maintenance purposes <i>(provide details).</i>	
<input type="checkbox"/> Commercial production of plants or animals <i>(provide details).</i>	

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ADDITIONAL INFORMATION

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

Duration of exemption sought

Temporary Permanent

If temporary, please provide dates/timeframe:

Reason for seeking particular exemption – please attach supporting documents

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

- To avoid an inequitable impact upon the livelihood of the applicant
- Special needs of the applicant
- To avoid physical damage to a building/structure owned or occupied by the applicant
- To avoid an adverse effect on public health or safety

PARTICULAR EXEMPTION SOUGHT ON MEDICAL GROUNDS –

Medical practitioners to complete this section

Doctor's Name:

Phone:

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:

CONDITION FOR GRANTING EXEMPTIONS

If this exemption is granted, I agree to:

- authorise Gippsland Water to publicly confirm the exemption, if needed, and/or to disclose relevant details of the exemption (barring specific personal health matters) for internal use only by Gippsland Water;
- 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; and
- any other specific conditions as determined by Gippsland Water.

Name:

Company:

Signature:

Date:

Gippsland Water's Privacy Policy, which describes in more detail how personal information may be used, is available from our website www.gippswater.com.au.

Please Note: Water restrictions and Permanent Water Use Rules must be followed. Penalties apply for non-compliance. Gippsland Water may audit property or facilities for compliance at any time.

OFFICE USE ONLY

Processed by:

Signature:

Date:

Approved: Yes No

Specific conditions: Yes No

Specific Details: