

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](http://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 legalisation. 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.