

To: General Manager Customer Service
Coliban Water
Box 2770
Bendigo Delivery Centre VIC 3554

1. Name of Applicant:
(please print details) _____

2. Title description of Property:

3. Applicants Postal Address: _____ Postcode: _____

4. Applicants Residential Address: _____
Postcode: _____ Phone: _____

5. Existing Licence No: _____

6. Name of Existing Licence Holder: _____

7. Volume to be Transferred (kilolitres): _____

8. System/Channel (Office Use Only): _____

9. Reason for Supply Requirement: _____

10. **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 Rural Water System. Document available online at www.coliban.com.au or at our offices. (please tick)**

Vendors Signature: _____ Date: _____

Purchasers Signature: _____ Date: _____

Coliban Water
PO Box 2770
Bendigo DC VIC 3554

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

Please Return with Payment of \$65.00 Administration Fee

- Please note:
- a) Purchaser to provide photocopy of the property title, with this application.
 - b) Upon receipt of this completed application and administration fee, a licence will be forwarded subject to approval.
 - c) This application form must be completed in full otherwise the application will not proceed.