

1. Name Of Applicant (Purchaser):
(Please Print Details) _____
2. Title description of Applicants Property:

3. Applicants Postal Address:

_____ Postcode: _____
4. Applicants Residential Address:

Postcode: _____ Phone _____
5. Is there an existing Licence on the applicant's property?
 Yes No
6. Applicants Licence Number: _____
7. Name of Licence Holder (Vendor): _____
8. Vendors Licence Number: _____
9. Volume to be Transferred (kilolitres): _____
10. System/Channel (Vendor): _____
11. System/Channel (Applicant): _____
12. Reason for Supply Requirement: _____

Purchasers Signature: _____ Date _____

Vendors Signature: _____ Date _____

Coliban Water
PO Box 2770
Bendigo DC VIC 3554Tel: 1300 363 200
Fax: 5434 1341
www.coliban.com.au**Please Return with Payment of \$65.00 Administration Fee**Please Note: a) upon receipt of this completed application and administration fee, a licence will be forwarded subject to approval.
b) this application form must be completed in full, otherwise the application will not proceed.