

This form is for a licence holder to allow another person/s to order water on their behalf and receive information relevant to water ordering on the below listed licence number/s from Coliban Water.

Please note this authorisation does not extend to account information of any kind other than information to water ordering.

Licence details

BEE Number/s: (Bundled Entitlement Entity) _____

Licence holder

(If more than two individual licensees please attach on a separate page – **all parties listed must sign the declaration on this form.**)

Given names: _____ Surname: _____

Address: _____

Town: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Licence holder

(If more than two individual licensees please attach on a separate page – **all parties listed must sign the declaration on this form.**)

Given names: _____ Surname: _____

Address: _____

Town: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Declaration:

I/We the Rural Licence holders/s authorise the person/s specified on the following page to order water on my/our behalf and receive information relevant to water ordering on the above listed licence number(s) from Coliban Water. This authorisation does not extend to account information of any kind other than information related to water ordering.

Applicants signature: _____ Date: _____

Please print name: _____

Applicants signature: _____ Date: _____

Please print name: _____

Authorised Person Details

(If more than two individual authorised persons please attach on a separate page – **all parties listed must sign the declaration on this form.**)

Given names: _____ Surname: _____

Date of Birth: _____

Address: _____

Town: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Authorised Person Details

(If more than two individual authorised persons please attach on a separate page – **all parties listed must sign the declaration on this form.**)

Given names: _____ Surname: _____

Date of Birth: _____

Address: _____

Town: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Declaration:

I/We the authorised person/s consent to be constituted an authorised person for the purpose of placing rural water orders on Licence number(s) (_____) and acknowledge that I/we have been authorised in writing by the Licence holder/s named in this authority to receive any information from Coliban Water relating water ordering for the specified Licence(s).

Applicants signature: _____ Date: _____

Please print name: _____

Applicants signature: _____ Date: _____

Please print name: _____

Submitting the form

Return the completed form:

Mail: Coliban Water
PO Box 2770
BENDIGO DC VIC 3554

Email (scanned copy): rural@coliban.com.au