

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 administration fee applies to each application approved.

If you have any questions or concerns please contact our Rural Customer Support 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.)

Given names: _____ Surname: _____

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: _____

Email: _____

Existing licence details

BEE: (Bundled Entitlement Entity) _____

ABA: (Allocation Bank Account) _____

Rural Licence Number: _____

Service points / outlet numbers: _____

Approvals / declarations - This application must be signed by all licence holders. The signing of this application is acknowledgement that you:

- 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.
- 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.
- 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*.
- understand there will be a \$65.00 administration fee charged on the next Coliban Water account.

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

Return the completed form and any required attachments:

Mail: Coliban Water
PO Box 2770
BENDIGO DC VIC 3554

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