

Exemption Request Form

Customer number:

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Property Details

Lot Number:

Street Number:

Street Name:

Suburb:

Postcode:

Melways Reference:

Customer Details

Name:

Address:

Postcode:

Contact Numbers (Home):

(Bus):

(Mobile):

Email address:

After Hours:

Facsimilie:

For a Company Application Only

Registered Company Name:

Company Trading Name:

Registered Head Office Address:

ABN:

Exemption application submitted

at Stage _____ Date: _____

Category of water restrictions to which the exemption is requested (Please tick)

Residential

Commercial Garden

Exemption from watering within the prescribed hours
(Please specify details):

Exemption from using a trigger nozzle
(Requires a medical practitioners signature - overleaf)

Exemption from other (please specify details):

Public gardens / sports grounds / recreational area / fountains
(Please circle as appropriate and specify details):

Vehicle cleaning / cleaning paved areas
(Please circle as appropriate and specify details):

Construction activities (please specify details):

Other (please specify details):



City West Water
LIMITED

Locked Bag 350, Sunshine, Vic 3020
Tel 131 691 Fax 9313 8417
DX 30311

www.citywestwater.com.au

GOVERNMENT WATER RETAILERS



SOUTH EAST
WATER

Locked Bag 1, Heatherton, Vic 3202
Tel 131 867 Fax 9552 3099
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WESTERN
WATER

PO Box 2371, Sunbury DC, 3429
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Yarra Valley Water

Private Bag 1, Mitcham, Vic 3132
Tel 131 721 Fax 9872 1401
DX 13204

www.yarravalleywater.com.au

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Particular Exemption

The following additional information is required in order to determine whether a particular exemption may be granted:

Is the exemption sought (Please tick):

Temporary Permanent

Reason for seeking a Particular Exemption

Please note that the principle reasons for seeking an exemption are:

Avoid an inequitable impact upon the livelihood of the applicant
 Adverse effect on public health and safety

Please attach any additional specific documents to support your request.

Particular Exemption sought on medical grounds

Medical practitioner to complete this section **ONLY**.

Dr's Name: _____ Phone: _____

Provider Number: _____

This is to certify that I have examined: _____

In my opinion he/she should be granted this exemption on account of a medical condition.

Signed: _____

Conditions for granting exemptions

If this exemption is granted, I agree to:

- authorise the State Government water utility to publicly confirm the exemption, if needed, and/or to disclose relevant details of the exemption (barring specific personal health matters) for internal use only by water utilities;
- adhere to all the specific requirements contained within the exemption;
- provide appropriate access (as required), to enable the Government water retailer, or its authorised representative, to assess the initial application and monitor the ongoing adherence to any exemption conditions; and
- any other specified conditions as determined by the government retail water business.

Customer signature: _____

Name (print): _____

Company Title: (if applicable) _____

Your Privacy

For a copy of your Government water retailers privacy charter, which describes in more detail how personal information may be used, please contact them directly.

Please note: Water restrictions must be followed. Penalties apply for non compliance. Water utilities may audit property or facilities for compliance at any time. In the event that a higher stage of water restrictions is imposed this exemption will no longer apply.

Office use only

Name of authorised person: _____

Signed: _____ Date: _____

Approved: Yes No Specific conditions: Yes No

Provide specific details:



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