

Exemption Application Form

Customer number: _____

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: _____

Facsimile: _____

For a Company Application Only

Registered Company Name: _____

Company Trading Name: _____

Registered Head Office Address: _____

ABN: _____

Category for 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):

Cleaning paved areas
(Please circle as appropriate and specify details):

Construction activities (please specify details):

Other (please specify details):

Exemption application submitted on

Date: _____



City West Water™

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

www.citywestwater.com.au



PO Box 2268, Seaford, VIC 3198
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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

If temporary, please provide dates/timeframe: _____

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 utility, 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 water utility.

Customer signature: _____

Name (print): _____

Company Title: (if applicable) _____

Your Privacy

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

Please note: Water restrictions and Permanent Water Use Rules must be followed. Penalties apply for non compliance. Water utilities may audit property or facilities for compliance at any time.

Office use only

Name of authorised person: _____

Signed: _____ Date: _____

Approved: Yes No Specific conditions: Yes No

Provide specific details: _____



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