

# WATER RESTRICTIONS Exemption Request 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:

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](http://www.citywestwater.com.au)

GOVERNMENT WATER RETAILERS



Locked Bag 1, Heatherton, Vic 3202  
Tel 131 867 Fax 9552 3099  
DX 38006 Moorabbin

[www.southeastwater.com.au](http://www.southeastwater.com.au)



PO Box 2371, Sunbury DC, 3429  
Tel 1300 650 425

[www.westernwater.com.au](http://www.westernwater.com.au)



Yarra Valley Water

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

[www.yarravalleywater.com.au](http://www.yarravalleywater.com.au)

# WATER RESTRICTIONS Exemption Request Form

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



City West Water  
LIMITED

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

[www.citywestwater.com.au](http://www.citywestwater.com.au)

GOVERNMENT WATER RETAILERS



Locked Bag 1, Heatherton, Vic 3202  
Tel 131 867 Fax 9552 3099  
DX 38006 Moorabbin

[www.southeastwater.com.au](http://www.southeastwater.com.au)



PO Box 2371, Sunbury DC, 3429  
Tel 1300 650 425

[www.westernwater.com.au](http://www.westernwater.com.au)



Yarra Valley Water

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

[www.yarravalleywater.com.au](http://www.yarravalleywater.com.au)