



City West Water  
LIMITED

## CITY WEST WATER CUSTOMER COMMITTEE

### EXPRESSION OF INTEREST

#### Personal Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact telephone: (BH) \_\_\_\_\_

Email address: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Occupation (if applicable): \_\_\_\_\_

Business Address (if applicable) \_\_\_\_\_

\_\_\_\_\_

#### CUSTOMER INTEREST GROUP DETAILS

What customer group do you plan to represent, ie, householders\*\*  
pensioners, ethnic community, business sector, tenants etc?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\* Please note, "Householders" refers to people who reside within our licence area, and/or those who are City West Water customers

If you are presently involved with an interest group, please outline its aims and your role.

---

---

---

---

---

---

---

---

What previous experience have you had serving on committees or being involved with community interest groups?

---

---

---

---

---

---

---

---

How do you plan to contribute to the committee?

---

---

---

---

---

---

---

---

What strengths and/or skills would you bring to the committee?

---

---

---

---

---

---

---

---

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for taking the time to fill out this Expression of Interest.  
Please post completed application to:

Jan Mackender  
Co-ordinator,  
Customer Committee  
City West Water Limited  
Locked Bag 350  
SUNSHINE VIC 3020

**All responses are treated confidentially.**