

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



PO Box 2268, Seaford, VIC 3198  
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enquiry@yvw.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

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

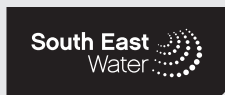
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