



2009 WATER RESTRICTIONS SPECIAL VARIATION APPLICATION FORM

Phone: 1300 662 246 for enquires regarding application.
Submit by fax on 4429 3170, by post to Shoalhaven Water
PO Box 42, Nowra, NSW, 2541, or deliver to Council.

Central File No. 39214

COUNCIL USE ONLY	Initial Registration No.	
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Applications for special variations to water restrictions will only be accepted on this form.
Use only a **black or blue ink pen** and except for signature complete form by **printing in block letters**.
If the requested information is not relevant to your circumstances print 'N/A'.
Illegible or incomplete applications will be rejected.
If necessary attach additional information and submit with this form.
Council may publicly disclose the details of an application for, or variation granted to water restrictions without consulting the applicant.

NAME OF APPLICANT (For business or other organisation use trading name if one exists).

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For business or other organisation **only**, what is the name(s) of the registered owner(s)?

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ACN ABN

If a community organisation cannot supply an ACN or ABN some other means of validating their status must be supplied.

NATURE OF ACTIVITY FOR WHICH VARIATION IS SOUGHT (Tick one box only).

Domestic Business Government Community

If **not** domestic what is the general type of activity undertaken (eg. Plant Nursery, Market Garden, Car Sales, Primary School, Painting Contractor, Community LandCare Group, Council Aquatic Centre)?

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ADDRESS OF PREMISES AT WHICH VARIATION IS SOUGHT.

If applicable - (Shop/Unit No.) Building Name

Street No..... Street Name

Town /Locality Postcode

For a business or other organisation **only**, if variations to water restrictions are required for more than five (5) separate sites or the applicant's workplace will continuously vary, print 'MULTIPLE' in this section, tick the adjacent box and Shoalhaven Water will contact you for more information.

CONTACT DETAILS OF APPLICANT SEEKING VARIATION

Contact Person

Email Address

Phone (Business Hours) Phone (After Hours)

Mobile Fax

Postal Address Post Code

DETAILS OF REQUESTED VARIATION

For what purpose is the variation to water restrictions required (eg. Watering Plants)?

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What variation to water restrictions is requested (i.e. Method of applying water, days of week and hours of day for water usage)?

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Why can applicant not comply with advertised water restrictions or standard variations for businesses?

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Privacy Notification

The information requested on this form is being collected by Shoalhaven Council for administrative purposes associated with water restriction variations. The information will be used by Council for the purpose mentioned or a directly related purpose. In the event of a public enquiry/complaint in regard to your approval variation, Council may publicly disclose the details of an application for, or variation granted to, water restrictions without consulting the applicant. The applicant understands that this information is provided on a voluntary basis and they may apply to Council for access or amendment of the information at any time.

If a variation is granted, I agree to:

Adhere to all specific requirements of the variation.

Allow access by Council officers or agents acting on behalf of Council to the premises concerned for the purpose of monitoring adherence to the conditions of the variation.

SIGNATURE
OF APPLICANT

[Signature box]

DATE / /