# **Application to Amend District Boundaries**



### What this application is for?

Use this form to make application to Extend or Diminish the Irrigation District, or Waterworks Areas managed by Goulburn–Murray Water

#### What to do:

- Read the application form and complete all mandatory fields.
- Please provide a current copy of the Certificate of Title (Registered Search Statement) produced within the past three months and any relevant diagrams with the application.
- Application fee of \$550.00 is required to be submitted with the application form.
- Send the form, any required documentation and the application fee to: Goulburn Murray Water, PO Box 165, TATURA, VIC 3616.
- Goulburn Murray Water accepts payment by cheque or credit card.

### **Your Application Process:**

The application process requires legislative approvals from both the GMW Board and the Water Minister which may impact on the time it takes to complete the application process for you.

We will endeavour to complete your application as soon as we can, and we will keep you up to date during the process.

1. TYPE OF AMENDMENT REQUIRED (Mandatory)						
	Extension of Bound	lary		Diminishment of Boundary		
2. APPL	ICANT DETAILS (N	landatory)				
Please list full names, initials are not acceptable – if more than 3 licensees please note in the space provided						
Licensee No 1: (Individual or company name)						
Licensee No 2: (Individual or company name)						
Additional Licensee's:						
Postal Ad	ddress:					
Postcode	e:			Telephone number: ( )		
Mobile nu	ımber:			Email:		
2 DI EA	SE PROVIDE DETA	II S OF LAND TO BE	AMENDED	(Mandatan)		
PLEASE PROVIDE DETAILS OF LAND TO BE AMENDED (Mandatory)  Property address:						
Vol:	Fol:	Lot No: Plai	n No:			
Vol:	Fol:	Lot No: Plan	n No:	Crown Allotment: Section:		
Vol:	Fol:	Lot No: Pla	n No:	Crown Allotment: Section:		
Vol:	Fol:	Lot No: Pla	n No:	Crown Allotment: Section:		
Vol:	Fol:	Lot No: Pla	n No:	Crown Allotment: Section:		
Parish						
4. REAS	ON FOR LODGEMI	ENT OF APPLICATION	N (Mandator	y)		
E.g. Want to irrigate other land parcels attached to my farm.						
5. WHAT PURPOSE WILL THE WATER BE USED FOR?						
☐ Irrig	ation		☐ Dome	stic & Stock		
☐ Other: Please specify						

### 6. DETAILS OF TRANSFEREE OR VARIATION REQUIRED

I confirm that the information supplied in this application is complete and correct to the best of my knowledge. I am aware that it is an offence to supply false or misleading information.

I acknowledge that Goulburn Murray Water may release information contained in this application, at the discretion of GMW to relevant parties and organisations in accordance with relevant legislation.

Signature of applicant 1	Date:
Printed name:	
Signature of applicant 2	Date:
Printed name:	
Additional applicants:	
Signature(s)	Date:
Printed name:	Date:
If the name is a Company name please provide the following details:	
ACN No:	Position (eg director):

#### Protecting your privacy

Goulburn-Murray Water (GMW) protects your privacy by collecting and handling your personal information in accordance with the requirements of the *Privacy & Data Protection Act 2014.* Your personal information is collected on this form and will be used for the purpose of administering this application and updating our records. Information collected is usually disclosed to staff involved in processing your application, contractors, connection staff and other relevant GMW staff. Failure to provide the information sought may result in processing delays or non acceptance of your application. It may also limit our ability to be able to provide various programs or services. You may gain access to and correct your personal information. For further information please refer to our Privacy Policy at <a href="https://www.g-mwater.com.au">www.g-mwater.com.au</a> or call 1800 013 357 to obtain a copy of this policy.



## **Credit Card Payment Authority – Application to Amend District Boundaries**

Applicant/company name:					
Payment for: Amendment of District I	Amendment of District Boundaries Application				
CREDIT CARD DETAILS					
Please tick (✓) appropriate card:					
CREDIT CARD DETAILS:					
☐ MasterCard ☐ Visa					
Card Number					
Expiry date	Total \$				
Cardholder's name	Cardholder's signature				

This page is destroyed by Goulburn-Murray Water after the Credit Card transaction has been processed.

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