

# Application to Issue a Delivery Share

Form 34

<b>DSI</b>	Application Number
	Office use only

## Delivery Share Details

This application is made for and on behalf of the landowners whose names appear below. The Rate and Determined Flow Rate requested is dependent on there being sufficient capacity in the delivery system. For this application to be accepted the land described on the application form must be included in the Goulburn Murray, Nyah or Tresco Irrigation District and have access to the delivery system. Delivery Share owners incur an annual Infrastructure Access Fee.

- 1 Delivery Share Type
- Standard
  - Other (If other describe type) \_\_\_\_\_

2 Enter requested Rate

ML/Day
--------

3 List Service Points and requested Rate (ML/Day) and Determined Flow Rate (ML/Day)

	<b>Service Point No.</b>	<b>Requested Rate (ML/day)</b>	<b>Requested Determined Flow Rate (ML/Day)</b>		<b>Service Point No.</b>	<b>Requested Rate (ML/day)</b>	<b>Requested Determined Flow Rate (ML/Day)</b>
i.				viii.			
ii.				ix.			
iii.				x.			
iv.				xi.			
v.				xii.			
vi.				xiii.			
vii.				xiv.			

4 Please list Volume/Folio numbers for the land to be associated with the delivery share and provide copy(s) of the relevant land titles that are no older than three months old.

	<b>Volume</b>	<b>Folio</b>		<b>Volume</b>	<b>Folio</b>
i.			vi.		
ii.			vii.		
iii.			viii.		
iv.			ix.		
v.			x.		

### Protecting your privacy

Goulburn-Murray Water (G-MW) protects your privacy by collecting and handling your personal information in accordance with the requirements of the Privacy and Data Protection Act 2014. Your personal information is collected on this form under the provisions of the Water Act 1989 and will be used for the purpose of administering this application and updating the Victorian Water Register. Information collected on this form may be made publicly available via the Victorian Water Register. You may apply to G-MW to restrict public access to all or some of your personal information. Information collected is usually disclosed to staff involved in processing your application, Connections Project staff, contractors and other relevant G-MW 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 [www.g-mwater.com.au](http://www.g-mwater.com.au) or call 5826 3500 to obtain a copy of this policy. DM# 2987248

## Name and Signatures of Land Owners

- 5 Please print name in full and in capital letters, all registered owners of the relevant land must sign. If there are more than four owners or the owner is a company please ensure that the attached annexure is also completed. All correspondence will be sent to the postal address of the first named person.

	Given Name(s)	Surname	Signature
i.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Postal Address: <input style="width: 98%;" type="text"/>			
Date: <input style="width: 95%;" type="text"/>		Phone Number: <input style="width: 95%;" type="text"/>	
	Given Name(s)	Surname	Signature
ii.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Postal Address: <input style="width: 98%;" type="text"/>			
Date: <input style="width: 95%;" type="text"/>		Phone Number: <input style="width: 95%;" type="text"/>	
	Given Name(s)	Surname	Signature
iii.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Postal Address: <input style="width: 98%;" type="text"/>			
Date: <input style="width: 95%;" type="text"/>		Phone Number: <input style="width: 95%;" type="text"/>	
	Given Name(s)	Surname	Signature
iv.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Postal Address: <input style="width: 98%;" type="text"/>			
Date: <input style="width: 95%;" type="text"/>		Phone Number: <input style="width: 95%;" type="text"/>	

## Lodging Party (If Applicable)

- 6 To be used if a third party assisted in coordinating the application.

Given Name(s)	Surname/ Company Name										
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>										
Postal Address: <input style="width: 98%;" type="text"/>											
Phone Number: <input style="width: 95%;" type="text"/>	Lodging Party ID: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">P</td> <td style="width: 20px; text-align: center;">T</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	P	T	Y							
P	T	Y									

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**Annexure: Name and Signatures of Land Owners**

vi.	Given Name(s)	Surname	Signature
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address:

Date:	Phone Number:
<input type="text"/>	<input type="text"/>

vii.	Given Name(s)	Surname	Signature
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address:

Date:	Phone Number:
<input type="text"/>	<input type="text"/>

viii.	Given Name(s)	Surname	Signature
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address:

Date:	Phone Number:
<input type="text"/>	<input type="text"/>

ix.	Given Name(s)	Surname	Signature
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address:

Date:	Phone Number:
<input type="text"/>	<input type="text"/>

**To be completed if Company is Land Owner(s)**

Name of Company	ABN
<input type="text"/>	<input type="text"/>

Postal address:

Given Name(s)	Surname	Signature	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date:	Phone Number:
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Name of Company	ABN
<input type="text"/>	<input type="text"/>

Postal address:

Given Name(s)	Surname	Signature	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date:	Phone Number:
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

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