

Application to Inactivate Delivery Share and/or Cease to be a Serviced Property

Form 38

DSV	Application Number
	Office use only

Delivery Share Details

Delivery share rate must be 0 ML/Day when ceasing to be serviced, and your delivery share will automatically be made inactive. Delivery share rate may only remain on a delivery share if it is being reissued as part of a subdivision/ amalgamation.

Delivery Share Number

D	S	E							
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Property Number

1 Reason for Application (If none of the below continue to question 2).

Ceasing to be a serviced property (Under section 229 of the Water Act 1989)

2 Inactivate Delivery Share only (used only when applying for a new delivery and is not required when applying to be ceased from service).

Yes

3. Please list Volume / Folio Reference Number(s) for the land associated with the delivery share and provide copy(s) of the relevant land title(s) that are no older than three months old.

	Volume	Folio		Volume	Folio
i.	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	vi.	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
ii.	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	viii.	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
iii.	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	viii.	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
iv.	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	ix.	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
v.	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	x.	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Protecting your privacy

Goulburn-Murray Water protects your privacy by collecting and handling your personal information in accordance with the requirements of the *Information Privacy Act 2000*. The personal information collected in this form will only be used for the purpose of administering your application. It will only be disclosed to appropriate staff in regard to the purpose for which it was provided. Failure to provide the information sought in this form may result in processing delays. You have a right to access and correct the personal information you provide to Goulburn-Murray Water. For further information regarding Goulburn-Murray Water's privacy statement please refer to our website at www.g-mwater.com.au DM# 2987247

Name and Signatures of Land Owners

4. 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 notices will be sent to the postal address of the first named person.

	Given Name(s)	Surname		Signature
i.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
Postal Address:				
Date:			Phone Number:	
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
Postal Address:				
Date:			Phone Number:	
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
Postal Address:				
Date:			Phone Number:	
iii.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
Postal Address:				
Date:			Phone Number:	
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
Postal Address:				
Date:			Phone Number:	
iv.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
Postal Address:				
Date:			Phone Number:	

Lodging Party (If Applicable)

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

	Given Name(s)	Surname/ Company Name										
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>										
Postal Address:												
<input style="width: 90%;" type="text"/>												
Phone Number:	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							
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Annexure: Name and Signatures of Land Owners

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

Postal Address:

Date: Phone Number:

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

Postal Address:

Date: Phone Number:

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

Postal Address:

Date: Phone Number:

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

Postal Address:

Date: Phone Number:

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:

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:

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