## **Application to Vary a Delivery Share**

Form 35

Application Number

Office use only

## **Delivery Share Details**

**Delivery Share Number** 

Delivery Share Type

Standard

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.

	<ul><li>Other (If other desc</li></ul>	cribe type)				
	☐ Increase Rate and/	or Determined Flow	v Rate between service po Rate v Rate (Part or full termina			
	Current Rate	Reque	sted Rate after variation			
	ML	/Day	ML/Day			
	List Service Point(s), cafter variation	current Rate and Det	ermined Flow Rate (ML/D	ay), and requested Rat	e and Determined F	low R
	Service Point No.	Current Rate (ML/Day)	Requested Rate after variation (ML/Day)	Current Determined Flow Rate (ML/Day)	Requested Determined Flow Rate after variation (ML/Day)	
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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 or call 5826 3500 to obtain a copy of this policy. DM# 2987245

## Name and Signatures of Land Owners

6 Please print name in full and in capital letters. All registered owners of the 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. Please note all notices will be sent to the postal address of the first named person.

	Given Name(s)		Surname							Sig	natı	ur	9		
i. [															
	Postal Address:														
	Date:				Pho	one I	Numl	oer:							
	Given Name(s)		Surname	•						Sig	natı	ur	Э		
ii.															
	Postal Address:														
	Date:				Pho	one I	Numl	oer:							
	Given Name(s)		Surname							Sig	natı	ur	9		
iii.															
	Postal Address:														
	Date:				Pho	one I	Numl	oer:							
	Given Name(s)		Surname	•						Sig	natı	ur	Э		
iv.															
Postal Address:															
	Date:				Pho	one I	Numl	oer:							
-															
Lodging Party (If Applicable)															
7 To be used if a third party assisted in coordinating the application.															
	Given Name(s)  Surname/ Company Name														
	Postal Address:														
	Ph No:	L	odging Party ID:	P ·	Т	Υ									

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Ann	exure: Name and Signatures of La	nd Owners									
	Given Name(s)	Surname			Sia	nature					
i.	Olven Hame(s)	Gurname			Oig	nature					
	Postal Address:										
	Date:			Phone Number:							
	Given Name(s)	Surname	L		Sig	nature					
ii.											
	Postal Address:										
	Date:			Phone Number:							
	Given Name(s)	Surname	Surname			nature					
iii.											
	Postal Address:										
	Date:			Phone Number:							
	Given Name(s)	Surname			Sig	nature					
iv.											
	Postal Address:										
	Date:			Phone Number:							
To b	pe completed if Company is Land O	wner									
	Name of Company					ABN					
	Postal address:				L						
	Given Name(s) Surname		Signature			Position					
	Given Hame(s)		Г			1 OSILIOTI					
	Date: DD MM YY		<u> </u>	Phone Number:							
	Name of Company					ABN					
	Postal address:										
	Given Name(s) Surname		S	ignature		Position					
					1						

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**Phone Number:**