

# Application to Issue a Delivery Share

Form 34

|                   |                           |
|-------------------|---------------------------|
| <p><b>DSI</b></p> | <p>Application Number</p> |
|                   | <p>Office use only</p>    |

## 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**

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## 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 type="text"/> | <input type="text"/> | <input type="text"/> |
| Postal Address: |                      |                      |                      |
| Date:           |                      | Phone Number:        |                      |
|                 | Given Name(s)        | Surname              | Signature            |
| ii.             | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Postal Address: |                      |                      |                      |
| Date:           |                      | Phone Number:        |                      |
|                 | Given Name(s)        | Surname              | Signature            |
| iii.            | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Postal Address: |                      |                      |                      |
| Date:           |                      | Phone Number:        |                      |
|                 | Given Name(s)        | Surname              | Signature            |
| iv.             | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Postal Address: |                      |                      |                      |
| Date:           |                      | Phone Number:        |                      |

## Lodging Party (If Applicable)

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

|                      |   |   |   |   |  |  |  |  |  |  |  |
|----------------------|---|---|---|---|--|--|--|--|--|--|--|
| Given Name(s)        | Surname/ Company Name   |   |   |   |  |  |  |  |  |  |  |
| <input type="text"/> | <input type="text"/>  |   |   |   |  |  |  |  |  |  |  |
| Postal Address:      |   |   |   |   |  |  |  |  |  |  |  |
| Phone Number:        | Lodging Party ID:   |   |   |   |  |  |  |  |  |  |  |
| <input type="text"/> | <table border="1"> <tr> <td>P</td> <td>T</td> <td>Y</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | P | T | Y |  |  |  |  |  |  |  |
| P                    | T   | Y |   |   |  |  |  |  |  |  |  |

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

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

**Postal Address:**

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

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

**Postal Address:**

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

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

**Postal Address:**

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

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

**Postal Address:**

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

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

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

**Postal address:**

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

|  |                      |
|--|----------------------|
| <b>Date:</b> <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> | <b>Phone Number:</b> |
|  | <input type="text"/> |

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

**Postal address:**

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

|  |                      |
|--|----------------------|
| <b>Date:</b> <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> | <b>Phone Number:</b> |
|  | <input type="text"/> |

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