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

	Application Number
DSV	
	Office use only

Form 38

Dalivar	√ Share	Detaile
Deliver	y Onait	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.

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Del	ivery Sł	nare Nu	mber										
D	S	Е											
Pro	perty N	umber											
1	Reason t	or Applio	cation <i>(If</i>	none o	f the be	low con	tinue to	ques	tion 2).				
	Ceas	sing to be	e a servi	ced pro	perty (U	nder se	ction 22	29 of	the <i>Water Act</i>	1989)			
	Inactivate ceased f			only <i>(u</i> s	sed only	when a	applying	for a	new delivery a	and is not	required wh	en applying	to be
	Yes												
	Please lis relevant								ssociated with	the delive	ry share and	l provide cop	oy(s) of the
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iii.							v	iii.]
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Surname		Signature
	Phone Number:	
Surname		Signature
	Phone Number:	
Surname		Signature
	Phone Number:	
Surname		Signature
	Phone Number:	
	Surname	Surname Phone Number: Surname Phone Number: Surname

Postal Address:	

Surname/ Company Name

Phone Number: Lodging Party ID: P T Y

Protecting your privacy

Given Name(s)

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

	n Name(s)		Surname		Signat	ure
Posta	al Address:					
Date:	:			Phone Number	er:	
Giver	n Name(s)		Surname		Signat	ıre
Posta	al Address:					
Date:	:			Phone Number	er:	
Giver	n Name(s)		Surname		Signat	ure
Posta	al Address:					
Date:	:			Phone Number	er:	
Giver	n Name(s)		Surname		Signat	ıre
Posta	al Address:					
Date:	:			Phone Number	er:	
To be	completed if Compa	ny is Land	Owner(s)			
Nam	ne of Company					ABN
	tal address:	0		0:1		D. W.
Give	en Name(s)	Surnar	ne	Signature		Position
	e: DD MM	YY		Phone Nu	mber:	
Date						ABN
	on of Company					ADIN
	ne of Company					
Nam	ne of Company tal address:					
Nam		Surnar	ne	Signature		Position

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