Date Received:

Area:

Amount Paid: \$_____

APPLICATION FOR A WATER LICENCE (ALLOCATION MUST BE TRANSFERRED FROM AN EXISTING WATER LICENCE)

Pursuant to Section 122 of the Landscape South Australia Act 2019

A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20000.

Eastern Mount Lofty Ran	ges PWR	▲ □		nders PWRA			
Barossa PWRA			Clare Valle	y PWRA			
SECTION 1: APPLICANT DETAILS							
Full Name(s) of applicant(s)							
Full Name(s) of applicant(s)							
Full Name(s) of applicant(s)							
Full Name(s) of applicant(s)							
If Body Corporate: ACN							
Contact Name							
Address							
Town/Suburb			ate	Postcode			
Home Phone Work Pho	one	М	Mobile Phone				
Email			Fax				
Licence number from which the water allocation is being transferred:							
For Office Use Only: Applicatio		Receipt No	Invoice No	Batch No			

ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION

Please be aware that it is an offence to provide information on this form that is false or misleading.

SECTION 2: SIGNATURE OF THE APPLICANT							
NOTE: Each applicant must complete <u>ONE</u> (only) of the following alternatives I/We declare that the information that has been provided on this application is true and correct. <u>Note</u> : If signing as a company, two position bearers must sign e.g. Director, Company Secretary. If only one Director then Sole Director must be stated as position held.							
1. Where the applicant is an individual or two or more persons							
Print Name	Sign Here			Date			
Print Name	Sign Here			Date			
Print Name	Sign Here			Date			
Print Name	Sign Here			Date			
2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation							
Print Name of authorised person		Position held					
Signature		Date					
Print Name of authorised person		Position held					
Signature Date							
The person(s) duly authorised to sign for and on behalf of: (print name of company or incorporated association)							
3. Where the applicant is a company or an incorporated association and the seal is affixed:							
The Seal of: (print name of company or incorporated association)							
was hereby affixed in the presence of: Signature Affix Seal Here:							
-							
Print Name							
Position held	Date						
Signature							
Print Name							
Position held	Date						
Return application and payment to: Department for Environment and Water PO Box 240 BERRI SA 5343			Office Location: 28 Vaughan Terrad BERRI SA 5343	ce			
Make cheques or money orders payable to: Department for Environment and Water							
For credit card payments or other payment options, please telephone: (08) 8595 2053							