



SOUTH EAST REGION

APPLICATION TO VARY A FOREST WATER LICENCE

Pursuant to Section 168 of the Landscape South Australia Act 2019

A person who furnishes information to the Minister or other 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: \$20 000.

1. APPLICANT(S) DETAILS

LICENSEE(S)

Licence Number: _____

Licence Holder Name(s): _____

Note: Name(s) provided must be LEGAL ENTITIES and must be IN FULL as it appears on the licence.

If Body Corporate: ACN: _____

Postal Address: _____

Contact Name: _____ Telephone No: _____

Mobile: _____ Fax: _____ Email: _____

Note: Failure to provide full details or the prescribed fee may result in the return of the application and a delay in processing.

2. GRANT OF ALLOCATION IN ANOTHER MANAGEMENT AREA

Note: Inter-Management Trade only applies to the Lower Limestone Coast Prescribed Wells Area. Following reduction of an allocation to address over-allocation, the Minister may grant an allocation in another Management Area where unallocated water is available.

2.1 Are you applying for a new allocation in another Management Area: Yes or No (please tick)

If NO go to Section 3.

The reduction taken on Water Licence Number: _____ was _____ kL

Note: 1,000 kL (Kilolitres) = 1 ML (Megalitre)

2.2 I/WE HEREBY REQUEST THAT APPROVAL BE GIVEN FOR:

An increase of _____ kL to be endorsed on the above water licence

Held in the Management Area of: _____

Note: If you do not hold a licence in the receiving Management Area, you will need to lodge an application for a New Forest Water Licence.

| For Office Use Only: | Application No | Payment Method | Invoice No | Batch No |
|-----------------------|----------------|----------------|------------|----------|
| Date Received: _____ | | | | |
| Amount Paid: \$ _____ | | | | |
| Area: _____ | | | | |

3. ADD / REMOVE LAND PARCELS

Please write land details in the table below.

| CT or CL or CR Volume and Folio | Section or Allotment Number | Plan Number | Hundred | Add or Remove |
|---------------------------------|-----------------------------|-------------|---------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

4. OTHER VARIATION/S (provide details below)

5. ANY OTHER COMMENTS

ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION
ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED

Note: If signing as a company, two position bearers must sign e.g. Director, Secretary. If only one Director then Sole Director must be stated as position held.

6. SIGNATURE OF THE LICENSEE/S:

Note: The applicant must complete one only of the following alternatives:

I/We declare that the information that has been provided on this application is true and correct.

SIGNED:

| | | |
|--|------------|--------------------------|
| 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 the authorised person(s) duly authorised to sign for and behalf of the organisation: | | |
| Name of company or Incorporated Association: | | |
| Print Name: | Sign Here: | Date: |
| Position Held: | | |
| Print Name: | Sign Here: | Date: |
| Position Held: | | |
| 3. Where the applicant is a company or an incorporated association and the Seal is affixed: | | |
| The Seal of _____ | | |
| [Write name of Company or incorporated association] | | |
| was hereby affixed in the presence of: | | Affix Seal in Box |
| Print Name: | Sign Here: | |
| Position Held: | Date: | |
| Print Name: | Sign Here: | |
| Position Held: | Date: | |
| <p>Return this application and your cheque or money order to: Department for Environment and Water 11 Helen Street Mount Gambier SA 5290 PO Box 1046 Mount Gambier SA 5290 For credit card payments or other payment options, please telephone: (08) 8735 1134</p> | | |