



WESTERN MOUNT LOFTY RANGES PRESCRIBED WATER RESOURCES AREA
APPLICATION FOR WATER LICENCE
(ALLOCATION MUST BE TRANSFERRED FROM AN EXISTING WATER LICENCE)

Pursuant to Section 122 of the *Landscape South Australia Act 2019*

Western Mount Lofty Ranges Prescribed Water Resources Area includes the Western Mount Lofty Ranges Prescribed Watercourses,
 Western Mount Lofty Ranges Prescribed Wells Area and Western Mount Lofty Ranges Surface Water Prescribed Area

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: \$20 000.

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		State	Postcode
Home Phone	Work Phone	Mobile Phone	
Email		Fax	
Licence number from which the water allocation is being transferred: _____			
Seeking to endorse a dam with a capacity of 5ML or greater for stock and/or domestic purposes only: <input type="checkbox"/> (Note in accordance with Principle 6.2.6 of the WMLR Water Allocation Plan, the water must have been taken by or from that dam at any time during the period 1 July 2001 to 13 October 2004).			

For Office Use Only:	Application No	Receipt No	Invoice No	Batch No
Date Received: _____				
Amount Paid: \$ _____				
Area:				

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 ONE (only) of the following alternatives

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

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.

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
GPO Box 1047
ADELAIDE SA 5001

Make cheques or money orders payable to:
Department for Environment and Water

For credit card payments or other payment options, please telephone:
(08) 8463 6876

Office Location:
Customer Service Centre
81-95 Waymouth Street
ADELAIDE SA 5000