

Permanent Water Saving Measures

Exemption Request Form

Under clause 6.2 of Wannon Water's Permanent Water Saving Plan, a customer may apply for a temporary or permanent exemption from a restriction or prohibition imposed by the plan.

Property details:

Lot/Street number: _____

Street name: _____

Town: _____ Post code: _____

Property number: _____

Customer details:

Name: _____

Address: _____

Post code: _____

Contact numbers

Home: _____

Business: _____

Mobile: _____

Fax: _____

For use if applicant is a company

Registered company name: _____

Company trading name: _____

Registered head office address: _____

ABN: _____

Exemption information

The following information is required to determine whether an exemption may be granted:

Duration of variation: ☐ days ☐ weeks ☐ months

Expiry date _____ (office use)

Your privacy

Information collected on this form will be handled in accordance with Wannon Water's obligations. You may request access to your personal information. For a copy of Wannon Water's Privacy Policy, please contact us on 1300 926 666.

Category of Permanent Water Saving Rules for which the exemption is requested (please tick)

- ☐ Residential or commercial garden
- ☐ Public gardens
- ☐ Sports grounds/recreational area
- ☐ Fountains
- ☐ Wholesale, retail & municipal nursery
- ☐ Vehicle cleaning
- ☐ Paved areas – cleaning
- ☐ Construction industry
- ☐ Other (please specify) _____

Reason for seeking an exemption

Please note the principal reasons for seeking exemption are:

- ☐ To avoid an adverse impact on the livelihood of the applicant
- ☐ To avoid an adverse effect on public health and safety
- ☐ To establish a warm season grass area

Please provide details and attach any specific documents to support your request:

Exemption sought on medical grounds

A medical practitioner should complete this section ONLY if required for the exemption being sought.

Doctor: _____

Provider number: _____ Telephone: _____

This is to certify that I have examined _____.

In my opinion he/she should be granted this variation on account of a medical condition.

Signature _____ Date: _____

Conditions for granting exemptions

If this exemption is granted, I agree to:

- authorise Wannon Water to disclose relevant details of the exemption;
- adhere to all the specific requirements contained within the exemption;
- provide appropriate access (as required) to enable Wannon Water or its authorised representative to assess the initial application and monitor the ongoing adherence to any exemption conditions; and
- any other specified conditions as determined by the government retail water business.

Signature of applicant: _____

Name (print): _____

Company title: _____

OFFICE USE ONLY:

Approved ☐ YES ☐ NO Specific conditions ☐ YES ☐ NO

If yes: _____

**Completed forms should be mailed to Wannon Water, Reply Paid 1158, Warrnambool 3280.
For any questions or help completing this form, please call us on 1300 926 666.**