

## 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:	
Postcode:	
Property number:	

Customer details	
Name:	
Address:	
Postcode:	

Contact numbers	
Home:	
Business:	
Mobile:	

For use if applicant is a company	
Registered company name:	
Company trading name:	
Registered head office address:	
ABN:	



<b>Exemption information</b>	
<b>The following information is required to determine whether an exemption may be granted:</b>	
Duration of variation:	Days Weeks Months

**Office use only:**

Expiry date	
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**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

<b>Reason for seeking an exemption</b>	
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:

<b>Exemption sought on medical grounds</b>	
<b>A medical practitioner should complete this section ONLY if required for the exemption being sought.</b>	
Provider No:	
Phone:	
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
- 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 VIC 3280.**

**For any questions or help completing this form, please call us on 1300 926 666.**