

133 Macleod Street, PO Box 52, Bairnsdale Victoria 3875

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Email: egw@egwater.vic.gov.au Web: www.egwater.vic.gov.au

Water Use Plan - General Exemption Application Form

An exemption will not be granted unless East Gippsland Water is reasonably satisfied that the proposed exemption meets one of the criteria below (please indicate which):

- a) is necessary to avoid an inequitable and disproportionately adverse impact upon the livelihood of the applicant which would be caused by the prevailing level of restrictions; **or**
- b) would result in less water being used by the applicant than the applicant would otherwise be entitled to use for the same purpose under the prevailing stage of restrictions; **or**
- c) is necessary because of special needs of the applicant AND would merely alter the hours between which water may be used by the applicant, BUT would not increase the total number of hours in a day for which water may be used by the applicant under the prevailing stage of restriction; **or**
- d) would avoid or minimise appreciable physical damage to a building or other structure owned or occupied by the applicant; **or**
- e) is necessary to avoid any adverse effect on public health or safety; and
- f) would not, in combination with other comparable applications reasonably anticipated by East Gippsland Water, have significant impact upon the total daily demand for water by East Gippsland Water's customers in the relevant district where the use will occur; **and**
- g) is likely to be generally supported by East Gippsland Water's customers who are affected by the prevailing stage of restriction.

Property Details: (address where exemption is sought)								
Account Number:								
Street Address:								
Town:			Postcode:					
Applicant Details:								
Name:								
Postal Address:								
Town:	Postcode:							
Phone:	Email:							
Company Application	Only:							
Company Name:			ABN:					
Postal Address:								
Town:			Postcode:					
Exemption Details: (pl	ease circle)							
Residential	Non-Residential		Other					
Current Stage of Restriction: (please circle)								
		Stage 3	Stage 4					
Exemption Reason: (please specify details and attach supporting documentation) Exemption from watering within the prescribed hours (please specify details below) Other (please specify details below) Exemption from using a trigger nozzle (please provide a medical practitioners signature) Cleaning a paved area (please specify details below) Construction activities (please specify details below)								

Exemption Sought: (please circle)							
Temporary Permanent								
If temporary, please provide dates / timeframe:								
Medical Exemption: (medical practitioners to complete this section only)								
Doctors Name:	octors Name: Practice Name:							
Phone:	Provider Number:							
This is to certify that	I have examined	d:						
In my opinion he/sh	e should be gran	ted this exem	ption on account of a med	lical condition.				
Signature:								
details of the exc Water; adhere to all the provide appropri access the internal	granted, I agree to sippsland Water to emption (baring sometimes specific requirer ate access (as remail application as	to publicly con specific person ments contain equired), to en nd monitor on	firm the exemption, if requal health matters) for intered within the exemption; hable East Gippsland Water going adherence to any expressions.	ernal use only by Eas er, or its authorised r	et Gippsland			
Name:								
Company:								
Signature:								
from our website www Please note: Water Re	<u>.egwater.vic.gov.ar</u> striction and Perm	<u>u</u> nanent Water Sa	in more detail how personal avings Rules must be followe or facilities for compliance at	ed at all times. Penalti				
East Gippsland Water	er Authorisation:	(Office Use Or						
Processed by:			Date:					
Status/Approved:	YES	NO	Specific Conditions:	YES No	° 🗆			
Signature:								
Specific Details:								
,								

^{*}Any approved exemption request, only applies to the current stage of restriction that the approval was granted. Applicants are required to reapply should the stage of restriction change.