**Purpose of this form**

The purpose of this form is to request the internal drainage plans for sewer at a specified property.

*Please note: internal drainage plans are $10.00 per*

*property.*

**Privacy notice**

We manage your personal information in accordance with the Information Privacy Principles that are set out in the Privacy and Data Protection Act 2014 (VIC).

If you choose not to provide us with the requested information, we may not be able to process your application.

We may share your information with a third party, however the information will always be used in accordance with our policies as stated. We may disclose your information to other parties as required by law, or to contractors, who are required to comply with our privacy obligations.

You can get more information about the way in which the organisation will manage your personal information, including our privacy policy and the Information Privacy Act 2000 at <https://www.egwater.vic.gov.au/privacy>

**Filling in this form**

* Please use black or blue pen
* Print in BLOCK LETTERS
* Mark boxes like this 🞎 with a ✓ or 🗶
* ***All relevant parties must sign consent***

**Returning your form**

Check that all required questions are answered and that the form is signed and dated.

You can return this form via:

* Post – East Gippsland Water

PO Box 52

Bairnsdale VIC 3875

* E-mail - egw@egwater.vic.gov.au
* In Person - 133 MacLeod St,

 Bairnsdale VIC 3875

**For more information**

Please visit our website at [www.egwater.vic.gov.au](http://www.egwater.vic.gov.au) or call us on 1300 720 700 Monday to Friday, between 8:30am and 5:00pm, excluding public holidays.

**Property details**

1. Property Owner Name

|  |
| --- |
| Click or tap here to enter text. |

2. Property Address

|  |
| --- |
| Click or tap here to enter text. |
| Click or tap here | Postcode: Click. |

3. Lot No. Plan No.

|  |  |
| --- | --- |
| Click or tap here | Click or tap here |

**Applicant details**

4. Name / Business

|  |
| --- |
| Click or tap here to enter text. |

5. Contact Number

|  |
| --- |
| Click or tap here to enter text. |

**Delivery of Information**

6. Results to be returned via:

|  |  |  |
| --- | --- | --- |
| [ ]  Post | [ ]  Email | [ ]  Office Collection |

7. Postal Address (if applicable)

|  |
| --- |
| Click or tap here to enter text. |
| Click or tap here | Postcode: Click. |

8. Email Address (if applicable)

|  |
| --- |
| Click or tap here to enter text. |

**Fees**

|  |  |
| --- | --- |
|  Plan Fee | $ Click or tap here |
|   Receipt No. | Click or  | Date: | Click or tap |

**CREDIT CARD PAYMENTS**

|  |  |
| --- | --- |
| [ ]  VISA | [ ]  MASTERCARD |
| Expiry Date | Click or tap |
| CVN | Click or tap here |

Card Number

|  |
| --- |
| Click or tap here to enter text. |

Name (on card)

|  |
| --- |
| Click or tap here to enter text. |

Signature

|  |
| --- |
| Click or tap here to enter text. |