



Water Act 2000 – Form W2F150

ABN 51 242 471 577

Application to amalgamate water allocations

Queensland
Government

Purpose of the form	
This form is used where the holder of two or more water allocations that have the same basic attributes (such as location) wishes to amalgamate the water allocations.	
Part A Applicant details	
Specify the full name(s) of all persons applying to amalgamate water allocations:	
If the applicant is a corporation, please supply the ACN:	
Attention (Optional) (e.g. Principal, Secretary, Managing Director, etc.)	
Street address:	
Mailing address (if same as street address write 'as above'):	
Main contact for this application	
The contact details provided will be used by the department for the purpose of communications under the <i>Water Act 2000</i> . The department may be required or authorised by legislation to disclose your information to other third parties.	
Full name:	
Preferred phone:	Alternative phone:
Email:	

Privacy statement: Collection of information on this form is authorised by section 158 of the *Water Act 2000* and will be used by the department for the purpose of processing your application. The department may be required or authorised by legislation to disclose your information to other third parties. The information may be searchable, disclosed to and used by the public as allowed, authorised or required by legislation.

OFFICE USE ONLY	Application ref.	Fee received \$	Office Stamp Only
	Client ref.	Receipt no.	
	Authorisation ref.	Registration date / / Initials	

Part E Applicant declaration

All parties to complete and sign the declaration below. If more signature space is required, copy or print a blank copy of this page, complete and attach.

Being the holder of the water allocations referred to in this application, I/we do hereby apply to amalgamate the water allocations. I/we declare that the information contained in this application and materials submitted in support is true and correct.

Individual

Name:	Name:
Signature:	Signature:
Position/Title: (if applicable)	Position/Title: (if applicable)
Date:	Date:

Corporation Executed for and on behalf of

Organisation name:	
ACN:	
By (name):	By (name):
Position:	Position:
Signature:	Signature:
Date:	Date:
Witnessed by:	Witnessed by:
Witness signature:	Witness signature:
Date:	Date: