



Water Act 2000 – Form W2F151

ABN 51 242 471 577

Application to change a water allocation

Purpose of the form

This form is used to apply to change one or more details of a water allocation.

To submit this form, please save a digital copy and email as an attachment to waterHUB@dnrme.qld.gov.au.

In accordance with the *Anti-Discrimination Act 1991*, submitted forms must be viewable by people with visual accessibility requirements. If you submit this form in hardcopy or as a scan, you may be required to pay for an additional public notice.

Part A Applicant details

Specify the full name(s) of all water allocation holder(s):

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 *Water Act 2000*. 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 63 of the Water Regulation 2016 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. A copy of your application and any supporting information will also be published on the department's website.

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

Part A Applicant details (continued)

All applicants and holders of the water allocation must provide their contact details. If more space is required, copy or print a blank version of this page.

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

If the applicant is a corporation, please supply the ACN:

Street address:

Mailing address (if same as street address write 'as above'):

Preferred phone:

Alternative phone:

Email:

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

If the applicant is a corporation, please supply the ACN:

Street address:

Mailing address (if same as street address write 'as above'):

Preferred phone:

Alternative phone:

Email:

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

If the applicant is a corporation, please supply the ACN:

Street address:

Mailing address (if same as street address write 'as above'):

Preferred phone:

Alternative phone:

Email:

Part B Water allocation details

Description of the water allocation to be changed.

Water reference: Lot Crown plan

Title reference:

Nominal volume of the water allocation: ML

Water Plan*:

* For water allocations in the Whitsunday plan area, please reference the Resource Operations Plan instead of the Water Plan above

Water supply scheme or water management area:

Part C Change of location

Complete this section if the location for the water allocation is to be changed.

Current registered location:

Proposed location:

Part D Other changes

Complete this section for any other changes, for example, a change of priority group or purpose. Describe the proposed changes. If insufficient space, please provide additional information as an attachment.

Part E Comments

Provide any further comments or information that may be of assistance in assessing this application. Attach additional information to your application as required.

Part F 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 allocation referred to in this application, I/we do hereby apply to change the water allocation. I/we declare that the information contained in this application and materials submitted in support is true and correct.

Individual

Name:

Name:

Electronic signature

By ticking this box you consent to the use of an electronic signature to submit this form*.

*By submitting this form using your email address nominated in Part A of this form, you will have provided an electronic signature.

If you do not wish to use an electronic signature, you must sign the form in the space provided below.

Electronic signature

By ticking this box you consent to the use of an electronic signature to submit this form*.

*By submitting this form using your email address nominated in Part A of this form, you will have provided an electronic signature.

If you do not wish to use an electronic signature, you must sign the form in the space provided below.

Date:

Date:

Manual signature (optional):

Manual signature (optional):

Individual

Name:

Name:

Electronic signature

By ticking this box you consent to the use of an electronic signature to submit this form*.

*By submitting this form using your email address nominated in Part A of this form, you will have provided an electronic signature.

If you do not wish to use an electronic signature, you must sign the form in the space provided below.

Electronic signature

By ticking this box you consent to the use of an electronic signature to submit this form*.

*By submitting this form using your email address nominated in Part A of this form, you will have provided an electronic signature.

If you do not wish to use an electronic signature, you must sign the form in the space provided below.

Date:

Date:

Manual signature (optional):

Manual signature (optional):

Corporation Executed for and on behalf of

Organisation name:

ACN:

By (name):

By (name):

Electronic signature

By ticking this box you consent to the use of an electronic signature to submit this form*.

*By submitting this form using your email address nominated in Part A of this form, you will have provided an electronic signature.

If you do not wish to use an electronic signature, you must sign the form in the space provided below.

Electronic signature

By ticking this box you consent to the use of an electronic signature to submit this form*.

*By submitting this form using your email address nominated in Part A of this form, you will have provided an electronic signature.

If you do not wish to use an electronic signature, you must sign the form in the space provided below.

Date:

Date:

Manual signature (optional):

Manual signature (optional):