



Water Act 2000 – Form W2F020

ABN 59 020 847 551

Application for seasonal assignment of an unsupplemented water allocation

Purpose of the form

This form is used to enable a landholder to assign the use of water available under a water allocation or seasonal water assignment notice to another landholder for the remainder of the current water year, or a shorter period if allowed by a water management protocol.

Such assignments can only occur in those areas where a water plan, water management protocol or a regulation permits the seasonal assignment of a water allocation.

Part A Applicant (seller) details

Specify the full name(s) of all persons applying for this seasonal assignment:

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 58 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.

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

Part A Applicant (seller) details (continued)

All applicants (sellers) must provide their contact details. If more space is required for all applicants to provide details, 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 Assignee (buyer) details

Specify the full name(s) of all persons applying for this seasonal assignment:

If the assignee 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'):

Contact details

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:

All assignees (buyers) must provide their contact details. If more space is required for all applicants to provide details, 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 assignee 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 assignee 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 C Applicant (seller) details of seasonal water assignment

1. Applicant (seller) water allocation or seasonal water assignment notice number being assigned:

2. Water allocation or seasonal water assignment notice location details

Provide the location of the water allocation or seasonal water assignment notice being assigned (e.g. Sandy Creek Zone B).

Location:

Water management area:

3. Volume being assigned

Volume being assigned: ML

This volume will be unavailable for use by the applicant (seller) upon grant of this assignment for the remainder of the water year or the period specified below.

4. Sale price

Specify the sale price per megalitre: per ML

5. Seasonal water assignment period

Please specify if this seasonal assignment is for an individual announced period (Seasonal water assignments for an individual announced period may only occur in the Lower Balonne or Border Rivers Water Management Areas):

Yes

No

If yes, please specify details of the announced period (if known):

Announced period number:	Start date:	End date:
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6. Meter details

If works are metered, provide works, meter details and meter readings for each meter. If there are more than three water meters, attach a separate list to this application.

Works reference	Meter serial no.	Meter reading	Date read	Time read
				: am/pm
				: am/pm
				: am/pm

Part D Assignee (buyer) details for seasonal water assignment

7. Seasonal water assignment location

Provide the location from where the water will be taken after assignment (e.g. Sandy Creek Zone B):

Location:

Water management area:

8. Meter details

Provide works, meter details and meter readings for all meters that could be used to take this water after assignment (if there are more than three meters attach a separate list to this application).

Works reference	Meter serial no.	Meter reading	Date read	Time read
				: am/pm
				: am/pm
				: am/pm

Part E Applicant (seller) 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.

I/We declare that the information stated in this form and materials submitted in support is true and correct. I/We agree to transfer to the buyer, the seasonal water assignment on a temporary basis for the remainder of the current water year. I/We accept the department's guidelines and conditions for seasonal water assignment.

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:

Part F Assignee (buyer) 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.

I/We declare that the information stated in this form and materials submitted in support is true and correct. I/We accept the seasonal water assignment from the seller until the expiry date. I/We acknowledge the volume assigned will only become available after grant of this assignment.

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: