



Notification of contact details

Purpose of the form

This form is used to notify the department of an update to your contact details (e.g. phone number, email, or postal address).

If you are updating the contact details for multiple individuals, you must complete and submit a separate copy of this form for each individual.

If you are making a change to contact details on behalf of another person, you must provide evidence that you have consent or authority to submit this notification on their behalf.

To submit this form, scan and email to WaterHub@rdmw.qld.gov.au

Part A Client details

For verification purposes, provide your client details, including information about any relevant water authorisations.

Client reference number(s):

Client name:

Authorisation type and reference (provide details of any authorisations held):

☐ Water licence

Water licence number: _____

☐ Quarry material allocation notice (QMAN)

QMAN reference: _____

☐ Water permit

Water permit number: _____

☐ Driller's licence

Driller's licence number: _____

☐ Water allocation

Water allocation lot on plan reference: _____

Part B New contact details

Provide your new contact details to appear on your personal client record.

Full name:

Street address:

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

Preferred phone:

Alternative phone:

Email:

Where possible, please provide an email address that is not shared with another person. The email provided will form part of a unique identifier for your personal client record.

Privacy statement: 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.

Part C Declaration

Complete and sign the declaration below.

I declare that the information provided in this notification is true and correct.

If this notification is being submitted on behalf of another person, I confirm I have the authority to make this notification on their behalf and have attached all required supporting evidence.

Name:

Position/Title:
(if applicable)

Signature:

Date:

Organisation name (if applicable):

ACN (if applicable):