



Water Act 2000 – Form W2F165

ABN 51 242 471 577

Information request – metered entitlement

Purpose

The information collected in this form will be used by the department to determine if you must install a non-urban water meter or revalidate an existing non-urban water meter.

If your circumstances change and the information provided on this form is no longer correct, you must notify the department immediately. The department conducts regular audits of water entitlements and works as part of its compliance activities.

Part A Water entitlement holder details

Full name:

If the water entitlement holder is a corporation, 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 request

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: Information collected in this request will be used by the department for the purpose of determining if you require a non-urban water meter. For these purposes disclosure to other third parties may be required by or of the department. The information may be searchable, disclosed to and used by the public as allowed, authorised or required by legislation.

OFFICE USE ONLY	Application ref.	Authorisation ref.	Office Stamp Only
	Client ref.	Registration date / / Initials	

Part B Water entitlement details					
1. Entitlement type <input type="checkbox"/> Licence to take water <input type="checkbox"/> Water allocation Entitlement reference number:					
2. Current works details Works reference number (pump/bore): If you already have a non-urban water meter attached, record the current meter reading (include all numbers on the meter dial). Meter reading: Is the meter still operational? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Source and location of water Specify the source of water.					
<input type="checkbox"/> Water in a watercourse, lake or spring		Name:			
<input type="checkbox"/> Underground water		Aquifer name:		Depth:	
		Groundwater sub-area:		Depth:	
		Management zone:		Depth:	
<input type="checkbox"/> Overland flow		Catchment area:			
Additional location details (e.g. zone) (if applicable):					
Specify the location from which water is to be taken. If the point of take is not on a lot on plan, enter the property description of the nearest adjacent land and tick the 'Adjacent to' box. Provide a separate attachment if more space is required.					
Lot	Plan	Adjacent to (✓)	Lot	Plan	Adjacent to (✓)
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
Part C Water take information					
Specify the reason why you should not be required to install a non-urban water meter.					
<input type="checkbox"/> Not currently taking water or will not take water for at least the next 12 months <input type="checkbox"/> No works installed to take water <input type="checkbox"/> Taking water only for stock or domestic purposes <input type="checkbox"/> The entitlement does not specify a volume (i.e. area based entitlement) <input type="checkbox"/> Taking only for a public amenity, education premises or a prescribed activity listed in schedule 3 of the Water Regulation 2016 <input type="checkbox"/> The water entitlement volume is less than or equal to a threshold stated in a meter notice or in schedule 11 of the Water Regulation 2016 (you must provide further details in Part D) <input type="checkbox"/> Taking water only for another purpose stated in schedule 11 of the Water Regulation 2016 (you must provide further details in Part D)					
Part D Further information					
Provide any further detail on why you should not be required to install a non-urban water meter. Attach additional information as required.					

Part E Declaration	
If more signature space is required, copy or print a blank copy of this page, complete and attach.	
I/We declare that the information in this request and materials submitted in support are true and correct.	
Individual	
Name:	Name:
Position/Title: (if applicable)	Position/Title: (if applicable)
Signature:	Signature:
Date:	Date:
Name:	Name:
Position/Title: (if applicable)	Position/Title: (if applicable)
Signature:	Signature:
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: