



Exemption Application Form

Account Number:

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Customer details:

Name: _____

Address: _____

Postcode: _____

Address where exemption is sought [if different from above]

Postcode: _____

Contact numbers [Home] _____

[Business] _____

[Mobile] _____

Email address: _____

Category for which the exemption is requested (Please tick)

- Residential Commercial Garden Other
- Exemption from watering within the prescribed hours (please specify details):

- Exemption from using a trigger nozzle (requires a medical practitioners signature – overleaf)
- Exemption from other (please specify details):

For a Company Application Only:

Registered Company Name: _____

Company Trading Name: _____

Registered Head Office Address: _____

ABN: _____

- Cleaning paved areas (please specify details):

- Construction activities (please specify details):

Exemption application submitted on _____

Date: _____

- Other (please specify details):



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Particular Exemption

The following additional information is required in order to determine whether a particular exemption may be granted:

Is the exemption sought (Please tick):

Temporary Permanent

If temporary, please provide

dates/timeframe: _____

Reason for seeking a Particular Exemption

Please note that the principle reasons for seeking an exemption are:

- Avoid an inequitable impact upon the livelihood of the applicant
- Adverse effect on public health and safety

Please attach any additional specific documents to support your request.

Your Privacy

South Gippsland Water's privacy charter, which describes in more detail how personal information may be used, is available from the Customer Service Team or from our website www.sgwater.com.au.

Please note: Water restrictions and Permanent Water Use Rules must be followed. Penalties apply for non compliance. South Gippsland Water may audit property or facilities for compliance at any time.

Particular Exemption sought on medical grounds

Medical practitioner to complete this section **ONLY**.

Dr's Name: _____

Phone: _____

Provider Number: _____

This is to certify that I have examined: _____

In my opinion he/she should be granted this exemption on account of a medical condition.

Signed: _____

Conditions for granting exemptions

If this exemption is granted, I agree to:

- authorise South Gippsland Water to publicly confirm the exemption, if needed, and/or to disclose relevant details of the exemption (barring specific personal health matters) for internal use only by South Gippsland Water;
- adhere to all the specific requirements contained within the exemption;
- provide appropriate access (as required), to enable South Gippsland Water, or its authorised representative, to assess the initial application and monitor the ongoing adherence to any exemption conditions; and
- any other specified conditions as determined by the South Gippsland Water.

Customer signature: _____

Name & Company Name (if applicable): _____

Office Use Only

Name of authorised person: _____

Signed: _____

Date: _____

Approved: Yes No Specific Conditions: Yes No

Specific details: _____
