



2 Bays Home Rd Newhaven, Vic 3925
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westport@westernportwater.com.au
ABN | 63 759 106 755

APPLICATION FOR SPECIAL CONSIDERATION FOR HIGH WATER USAGE

PROPERTY DETAILS

[illegible]

Unit Number: _____ Street Number: _____ Street Name: _____

Suburb: _____ Post Code: _____

CONTACT DETAILS

Surname: _____ First Name: _____ Other Names: _____

Telephone: _____ Mobile: _____ Email: _____

Mailing Address (If different from above)

Unit Number: Street Number: Street Name:

Suburb: _____ Post Code: _____

Please state briefly the reason for your application:

[illegible]

Was this the result of a leak?	Yes	No	If Yes, evidence of repair must be attached.
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Signed: _____

Date: / /

Office Use Only

To be completed by Westernport Water

APPROVAL

Approved: ☐

Not Approved: ☐

Please state briefly the reason if Not Approved:

Current Consumption: _____ kL

Current Consumption Costs \$ _____

Discount to be applied: _____ kL

To be charged: _____ kL

New Consumption Costs \$ _____

Value of discount applied: \$ _____

Name: _____

Signed: _____

Date: / /

COMMENTS:

NOTIFICATION

Customer Notified: ☐ Date: / /

Amended Account Sent: ☐ Date: / /

Name: _____

Signed: _____

Date: / /