



Customer Consultative Panel  
EXPRESSION OF INTEREST 2015

**Name:**

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**Address:**

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**Telephone:**

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**Email:**

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**Resume:** Outline of your qualifications, skills and experience that you believe would enhance and contribute to the success of the Customer Consultative Panel. If insufficient space provided please attach additional sheets/s.

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Why do you wish to be a Panel Member?

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Which category would you be representing:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Domestic residential                            |
| <input type="checkbox"/> | Domestic non-residential                        |
| <input type="checkbox"/> | Tourism operator                                |
| <input type="checkbox"/> | Farming/manufacturing/sporting & tourism events |
| <input type="checkbox"/> | Retail and commercial groups                    |
| <input type="checkbox"/> | Sporting & leisure groups                       |

\*If insufficient space please attached additional documentation.  
If returning this expression of interest by email please send it to  
[westport@westernportwater.com.au](mailto:westport@westernportwater.com.au)