

## APPLICATION FOR SPECIAL CONSIDERATION FOR HIGH WATER USAGE

PROPERTY DETAILS		
Account Number:		
Unit Number: Street Number: Street Name:		
Suburb:     Post Code:		
CONTACT DETAILS		
Surname:  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:		
Was this the result of a leak? Yes No If Yes, evidence of repair must be attached.		
Signed:		
Date: / /		



2 BC ys Home Rd Newhaven, Vic 3925 F | 1300 720 711 F | 03 5956 4101 westport@westernportwater.com.au ABN | 63 759 106 755

Office Use Only		
To be completed by Westernport Water		
APPROVAL		
Approved:		
Not Approved:		
Please state briefly the reason if Not Approved:		
CRM·		
Current Consumption: kL	Current Consumption Costs \$	
Discount to be applied: kLkL		
To be charged:kL_	New Consumption Costs \$	
Value of discount applied: \$		
Name:	Approved By:	
Signed:	Signed:	
Date: / /	Date:	
COMMENTS:		
NOTIFICATION		
Customer Notified: Date:	/ /	
Amended Account Sent: Date:	/ /	
Name:		
Signed:		
Date: / /		
	INT07-01271	