Application for special consideration for high water usage

Please note each property is eligible to receive one allowance every five years

Property details			
Account Number:			
Unit Number:	Street Number:	Street Name:	
Suburb:		Pos	stcode:
Contact details			
Surname:		First name:	
Other names:			
Telephone:		Mobile number:	
Email:			
Mailing address (If diffe	erent from above)		
Unit Number:	Street Number:	Street Name:	
Suburb:			stcode:
	eason for your application:		
Was this the result of a le	eak? No \	es ▶ If Yes, evidence of repair must	be attached.
Signature:		Date:	
Privacy Statement: Westernpo	ort Water will keep personal deta	ils provided strictly confidential and will only b	e used to establish

and maintain your account. The information will also be used for billing and other administrative purposes.



www.westernportwater.com.au/contact-us/privacy/









Approved: Not approved:					
Calculation					
Salculation					
Current consumption:	kL	Current consumption costs	\$		
Discount to be applied:	kL				
To be charged:	kL	New consumption costs	\$		
Value of discount applied: \$					
Name:		Approved by:			
Signed:		Signed:			
Date:		Date:			
Notification					
Customer notified:	Date:				
Amended account sent:	Date:				
Name:					
Signed:					
Date:					



Please read all information and declarations carefully before you complete and submit this form: $\textbf{Email} \ completed \ PDF \ form \ to: \\ \underline{\textbf{westport@westernportwater.com.au}}$

Mail your printed form to: 2 Boys Home Road, Newhaven 3925, Victoria, Australia







