

**Essential**

**Water replacement request / authorisation form**



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| **LANDHOLDER TO COMPLETE** | | | | | |
| **Name** |  | | | | |
| **Address** |  | | | | |
| **Phone Number** |  | | | | |
| **Email** |  | | | | |
| **Fire Name**  (if known) |  | | | | |
| **Municipality** |  | | | | |
| **Details of Water Required Date** | | | | |  |
| Location of water source | | Dam or Tank | Quantity of water required | Units of water (litres or gallons) | Date/s water taken for firefighting |
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**Submit this form to emergency.recovery@delwp.vic.gov.au**

***NOTE: It is a fraudulent activity to submit a false essential water replacement claim***

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| **DELWP/CFA USE ONLY** | | | | | | |
| **Criteria** |  | **Confirmed by/Role/Agency** | | | **Date** | |
| Water used for firefighting? | x☐YES  ☐ NO | APPROVED BY DEECA DDO ALICIA WHITFORTH  UNITS OF WATER CONFIRMED BY PLANNING AT BALLARAT ICC  APPROVED IC BRUCE WEHNER | | | 9/03/2024 | |
| Water essential? | x☐YES  ☐ NO |
| Units of water confirmed? | x☐YES  ☐ NO |
| **MUNICIPALITY USE ONLY** | | | | | | |
| **Date request submitted** | |  | | | | |
| **Name of water supplier** | |  | | | | |
| **Name of water carter** | |  | | | | |
| **Date of delivery** | |  | | | | |
| **Landholder advised? Y / N** | | ☐YES ☐ NO | | | | |
| **Volume of water delivered** | |  | | | | |
| **Water delivery confirmed** | | | **Name** | **Signature** | | **Date** |
| ☐YES ☐ NO | | |  |  | |  |

***Send water carter invoice to*** [***emergency.recovery@delwp.vic.gov.au***](mailto:emergency.recovery@delwp.vic.gov.au)

**OFFICIAL**