Essential Water replacement request/authorisation form



LANDHOLDER TO CO	MPLETE					
Name:						
Address:						
Phone number:				Email:		
Fire name (if known):						
Municipality:						
Date:						
Details of water required:						
Location of water source	Dam or tank		Quantity of essential water required in units (litres or gallons)	Essential use (e.g., stock)	Date/s water taken for firefighting	
Requests must be submitted DEECA/CFA USE ONL		nuis or trie	water being tuken.			
Water used for firefighting?	Yes	No	Confirmed by/Pole/	Vaeucy.		
		Yes No Confirmed by/Role/Agency: Yes No Date:				
Water essential?	res	INO		Date.		
Units of water confirmed Approved requests to be se	ent to relevar	nt municip	ality			
MUNICIPALITY USE O			,			
Date request submitted:						
Name of water supplier:						
Name of water carter:						
Date of delivery:			Landholder adv	ised? Yes	No	
Volume of water delivered:			Water delivery confirm		No	
Name:			water delivery commi	163	110	
Signature: (Sign, or insert digital signature)		Date:				

Send water carter invoice (for cartage only) to: emergency.recovery@deeca.vic.gov.au

