



Essential Water replacement request / authorisation form

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	

Submit this form to bushfire.recovery@delwp.vic.gov.au

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

DELWP/CFA USE ONLY				
Criteria		Confirmed by/Role/Agency	Date	
Water used for firefighting?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Water essential?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Units of water confirmed?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
MUNICIPALITY USE ONLY				
Date request submitted				
Name of water supplier				
Name of water carter				
Date of delivery				
Landholder advised? Y / N	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Volume of water delivered				
Water delivery confirmed	Name	Signature	Date	
<input type="checkbox"/> YES <input type="checkbox"/> NO				

Send water carter invoice to ap.invoices@delwp.vic.gov.au , cc: hub.evt@dewlp.vic.gov.au