|  |
| --- |
| **LANDHOLDER TO COMPLETE** |
| **Name**  | Click here to enter text. |
| **Address**  | Click here to enter text. |
| **Phone Number**  | Click here to enter text. |
| **Email**  | Click here to enter text. |
| **Fire Name** (if known) | Click here to enter text. |
| **Municipality**  | Choose an item. |
| **Details of Water Required Date**  | Click here to enter a date. |
| Location of water source  | Dam or Tank | Quantity of water required | Units of water (litres or gallons) | Date/s water taken for firefighting |
| Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. | Click here to enter a date. |
| Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. | Click here to enter a date. |
| Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. | Click here to enter a date. |
| Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. | Click here to enter a date. |
| **Submit this form to** **emergency.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? | [ ] YES[ ]  NO | Click here to enter text. | Click here to enter a date. |
| Water essential? | [ ] YES[ ]  NO |
| Units of water confirmed?  | [ ] YES[ ]  NO |
| **MUNICIPALITY USE ONLY**  |
| **Date request submitted** | Click here to enter text. |
| **Name of water supplier** | Click here to enter text. |
| **Name of water carter** | Click here to enter text. |
| **Date of delivery** | Click here to enter text. |
| **Landholder advised? Y / N** | [ ] YES [ ]  NO |
| **Volume of water delivered** | Click here to enter text. |
| **Water delivery confirmed** | **Name**  | **Signature**  | **Date** |
| [ ] YES [ ]  NO | Click here to enter text. |  | Click here to enter a date. |

  Essential Water replacement request / authorisation form

***Send water carter invoice to*** [emergency.recovery@delwp.vic.gov.au](file:///%5C%5Cinternal.vic.gov.au%5CDEPI%5CHomeDirs2%5CEW08%5CDesktop%5Cemergency.recovery%40delwp.vic.gov.au)