|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto: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:///\\internal.vic.gov.au\DEPI\HomeDirs2\EW08\Desktop\emergency.recovery@delwp.vic.gov.au)