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SOUTHERN BASINS AND MUSGRAVE PRESCRIBED WELLS AREAS Application for a Water Access Entitlement

Pursuant to Section 122 of the Landscape South Australia Act 2019

Note: • Failure to provide complete details and/or prescribed fee will result in your application being returned for completion.

- If this application is approved, the licence holder will also need a Water Resource Works Approval to extract the underground water.
- A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the
 Act) that is false or misleading in a material particular is guilty of an offence.

1. Applicant Detail

Licence Number

Note

- If this application for a water access entitlement is approved and the applicant does not have a current licence, a new licence will be issued.
- The name(s) given below must be legal entities, as these will be the name(s) that will appear on the water licence and water account if this application is approved. If applying as a trustee please state the name of the trust.

Full Name(s) of applicant(s)						
Contact Person			If Body C	If Body Corporate, ACN		
Contact Address						
Suburb		State		P/Code		
Telephone			Mobile			
E-mail						
☐ Please tick if address details are to be updated						
Water Access Entitlement Detail Note: • Full payment for the water access entitlement will become due on a date nominated on an invoice that will be dispatched with, or soon after, notification of the outcome of your application. Name of consumptive pool						
Number of shares		Price per share \$		Total value (price) \$		
If the Total Value (price) is \$0, you are required to provide a reason:						
For Office Use Only	:					
Date Received		Application No	Receipt No	Invoice No	Batch No	
Amount Paid \$						
Area						

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3. Signature of the Applicant: Note: Complete one only of the following alternatives.

<u>Note</u>: If signing as a company, two position bearers must sign e.g. Director, Company Secretary. If only one Director then Sole Director must be stated as position held.

3.1 Where the applicant is one or more persons

☐ I /We declare that the information that has been provided on this application is true and co	orrect.
Name	
Signature	Date
Name	
Signature	Date
Name	
Signature	Date
Name	
Signature	Date
3.2 Where the applicant is a company or an incorporated association and a the organisation	outhorised persons sign on behalf of
\Box I /We declare that the information that has been provided on this application is true and c	orrect.
Name of authorised person	
Signature Position held	
Date	
Name of authorised person	
Date	
The person(s) above are authorised to sign on behalf of:	
(print name of company or incorp	orated association)
3.3 Where the applicant is a company or an incorporated association and t	he seal is affixed:
☐ I /We declare that the information that has been provided on this application is true and co	orrect.
The Seal of	was hereby affixed in the presence of:
(print name of company or incorporated association)	Affix Seal Here:
Name of authorised person	
Position held	
Signature Date	
Name of authorised person	
Position held	
Signature Date	
Poture application and payment to:	

Return application and payment to:Department for Environment and Water
PO Box 240, BERRI SA 5343

Make cheques or money orders payable to: Department for Environment and Water Office Location:

28 Vaughan Terrace BERRI SA 5343

For credit card payments or other payment options, please telephone: (08) 8595 2053