 Essential Water replacement request / authorisation form

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| **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** **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? | ☐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. |

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