



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 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED BY DEECA DDO ALICIA WHITFORTH UNITS OF WATER CONFIRMED BY PLANNING AT BALLARAT ICC APPROVED IC BRUCE WEHNER	9/03/2024
Water essential?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Units of water confirmed?	<input checked="" 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 emergency.recovery@delwp.vic.gov.au

OFFICIAL

OFFICIAL