**Essential**

**Water replacement request / authorisation form**



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| --- |
| **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***

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| **DELWP/CFA USE ONLY**  |
| **Criteria**  |   | **Confirmed by/Role/Agency**   | **Date**   |
| Water used for firefighting?  | x☐YES ☐ NO  | APPROVED BY DEECA DDO ALICIA WHITFORTHUNITS OF WATER CONFIRMED BY PLANNING AT BALLARAT ICC APPROVED IC BRUCE WEHNER  | 9/03/2024 |
| Water essential?  | x☐YES ☐ NO  |
| Units of water confirmed?  | x☐YES ☐ NO  |
| **MUNICIPALITY USE ONLY**  |
| **Date request submitted**  |  |
| **Name of water supplier**  |  |
| **Name of water carter**  |  |
| **Date of delivery**  |  |
| **Landholder advised? Y / N**  | ☐YES ☐ NO  |
| **Volume of water delivered**  |  |
| **Water delivery confirmed**  | **Name**  | **Signature**  | **Date**  |
| ☐YES ☐ NO  |  |  |  |

***Send water carter invoice to*** ***emergency.recovery@delwp.vic.gov.au***

**OFFICIAL**