

APPLICATION FOR EXEMPTION FOR MOBILE WATER TANKER TO TAKE WATER OUT OF STANDPIPES IN WATER RESTRICTIONS

Isaac Regional Council is collecting personal information you supply on this form in accordance with the *Information Privacy Act 2009*. Your personal information will be used by Council officers who have been authorised to do so. The information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information will be handled in accordance with the *Information Privacy Act 2009*.

APPLICANT DETAILS

| | | |
|----------------|--|-----|
| NAME | | |
| STREET ADDRESS | | |
| POSTAL ADDRESS | | |
| PHONE | | FAX |
| EMAIL | | |

IN ORDER TO ASSIST US IN ASSESSING YOUR APPLICATION PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE WHEN DESCRIBING THE USE FOR WATER TAKEN FROM OUR STANDPIPE DURING WATER RESTRICTIONS AND ANSWER QUESTIONS BELOW:

REASON FOR REQUESTING EXEMPTION

| | |
|--|--|
| VOLUME | |
| | |
| LOCATION WHERE WATER WILL BE CARTED TO | |
| | |
| ACTIVITY BEING UNDERTAKEN WHERE WATER IS REQUESTED | |
| | |
| PROJECT THAT THE ACTIVITY IS ASSOCIATED WITH | |
| | |

APPLICATION FOR EXEMPTION FOR MOBILE WATER TANKER TO TAKE WATER OUT OF STANDPIPES IN WATER RESTRICTIONS

| | |
|---|--|
| WHAT ALTERNATIVE SOURCES OF WATER HAVE BEEN ASSESSED | |
| WHY ARE THESE ALTERNATIVES NOT ABLE TO BE USED | |
| PERIOD OF CARTAGE | |
| TOTAL EXPECTED VOLUME | |

AUTHORISATION

| | | |
|-----------------------------------|------------|------|
| EXEMPTION REQUESTED BY | Signature | Date |
| | Print Name | |

Once completed please send form and any attachment to:
records@isaac.qld.gov.au or Isaac Regional Council, PO Box 97, Moranbah QLD 4744
or deliver in person to your local Isaac Regional Council office

Application may take up to five (5) business days to process.

APPLICATION FOR EXEMPTION FOR MOBILE WATER TANKER TO TAKE WATER OUT OF STANDPIPES IN WATER RESTRICTIONS

INTERNAL USE ONLY

| | |
|---|------------------------------|
| APPLICATION SUPPORTED | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> |
| SUPPORTED BY MANAGER BUSINESS SERVICES | Signature _____ |
| | Print Name _____ Date _____ |

COMMENTS

| |
|--|
| |
| |
| |

APPROVAL

| | |
|---|------------------------------|
| APPLICATION APPROVED | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> |
| APPROVED BY DIRECTOR WATER & WASTE | Signature _____ |
| | Print Name _____ Date _____ |

COMMENTS

| |
|--|
| |
| |
| |

AUTHORISATION

| | |
|------------------------------|-----------------------------|
| AUTHORISED BY CEO | Signature _____ |
| | Print Name _____ Date _____ |