

APPLICATION FOR SPECIAL CONSIDERATION FOR HIGH WATER USAGE

PROPERTY DETAILS					
Account Number: 0 0 0 0					
Unit Number: Street Number: Street Name:					
Suburb: Post Code:					
CONTACT DETAILS					
Surname: First Name:	Other Names:				
Telephone: Mobile: En	nail:				
Mailing Address (If different from above)					
Unit Number: Street Number: Street Name:					
Suburb: Post Code:					
Please state briefly the reason for your application:					
Was this the result of a leak? Yes No If Yes, evidence of reattached.	epair must be				
Signed:					
Date: / /					



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Office Use Only					
To be completed by Westernport Water					
APPROVAL					
Approved:					
Not Approved:					
Please state briefly the reason	n if Not Approved:				
Current Consumption:	kL	Current Consumption Costs	\$	-	
Discount to be applied:	kL				
To be charged:	kL	New Consumption Costs	\$	-	
Value of discount applied:	\$				
Name:					
Signed:					
Date: /	/				
COMMENTS:					
NOTIFICATION					
Customer Notified:	Date:	/ /			
Amended Account Sent:	Date:	/ /			
Name:					
Signed:					
Date: /	/				
				INT07-01271	