Water Act 2000 - Form W2F010

ABN 59 020 847 551

Application for renewal of quarry material allocation

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Purpose of the form					
To apply for the renewal of an allocation of quarry material (stone, gravel, clay, earth or soil not removed as waste material) from a watercourse or lake.					
Part A Quarry allocation details					
Existing allocation notice reference:			Date:		
Required extension period:	year(s)	month(s)	NOTE: Maximum period is 5 years		
Part B Allocation notice holder details					
Specify the full name(s) of all persons that appears on the quarry allocation notice:					
If the joint holder is a corporation, please supply the ACN:					
Attention (optional) (e.g. Principal, Secretary, Managing Director, etc).					
Street address:					
Mailing address (if same as street address write 'as above'):					
Main contact for this application					
The contact details provided will be used by the department for the purpose of communications under the <i>Water Act 2000</i> . The department may be required or authorised by legislation to disclose your information to other third parties.					
Full name:					
Preferred phone:		Alternative	phone:		
Email:					

Privacy statement: Collection of information on this form is authorised by section 236 of *the Water Act 2000* and will be used by the department for the purpose of processing your application. The department may be required or authorised by legislation to disclose your information to other third parties. The information may be searchable, disclosed to and used by the public as allowed, authorised or required by legislation.

	Application ref.	Fee received \$		
			Office	
OFFICE USE ONLY	Client ref.	Receipt no.	Stamp	
	Authorisation ref.	Registration Initials date	Only	

Part C Applicant declaration

All holder(s) of allocation notice to complete and sign the declaration below. If more signature space is required, copy or print a blank copy of this page, complete and attach.

I/we declare that the information contained in this application and materials submitted in support is true and correct.

Individual				
Name:	Name:			
Signature:	Signature:			
Position/Title: (if applicable)	Position/Title: (if applicable)			
Date:	Date:			
Corporation Executed for and on behalf of				
Organisation name:				
ACN:				
By (name):	By (name):			
Position:	Position:			
Signature:	Signature:			
Date:	Date:			
Witnessed by:	Witnessed by:			
Witness signature:	Witness signature:			
Date:	Date:			