



# T.2 RIVER MURRAY PRESCRIBED WATERCOURSE Application to tag a South Australian water allocation for extraction in another State

Pursuant to Section 154 of the *Landscape South Australia Act 2019* and Schedule D of the *Murray-Darling Basin Agreement 2006*

**Note:** Failure to provide complete details and/or prescribed fee will result in your application being returned for completion

**Note:** The State of Origin and the State of Destination must approve the tagged transfer before it can take effect.  
*A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20 000.*

### 1 Applicant Detail

Full Name(s) of applicant(s) \_\_\_\_\_

Contact Person \_\_\_\_\_ If Body Corporate, ACN \_\_\_\_\_

Contact Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ P/Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

### 2 South Australian Water Detail

South Australian Water Licence Number \_\_\_\_\_

South Australian Water Account Number \_\_\_\_\_

### 3 Interstate Authority Detail

Water Authority \_\_\_\_\_

Trading Zone \_\_\_\_\_

**3.1** Do you have an existing Interstate Water Account against which the water allocation will be credited?  
 Yes – Water Account Number \_\_\_\_\_  No

**3.2** Volume of water to be tagged (Kilolitres) \_\_\_\_\_

For Office Use Only:	Application No	Receipt No	Invoice No	Batch No
Date Received: _____				
Amount Paid: \$ _____				
Area: _____				



ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION

Please be aware that it is an offence to provide information on this form that is false or misleading.

SECTION 4: SIGNATURE OF THE APPLICANT

NOTE: Each applicant must complete ONE (only) of the following alternatives

I/We declare that the information that has been provided on this application is true and correct.

Note: If signing as a company, two position bearers must sign e.g. Director, Company Secretary. If only one Director then Sole Director must be stated as position held.

1. Where the applicant is an individual or two or more persons

Table with 3 columns: Print Name, Sign Here, Date. Multiple rows for individual signatories.

2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation

Table with 2 columns: Print Name of authorised person, Position held. Sub-tables for Signature and Date.

The person(s) duly authorised to sign for and on behalf of: (print name of company or incorporated association)

3. Where the applicant is a company or an incorporated association and the seal is affixed:

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Table for seal affixing with columns for Signature, Print Name, Position held, Date, and Affix Seal Here.

Return application and payment to: Department for Environment and Water, PO Box 240, BERRI SA 5343

Make cheques or money orders payable to: Department for Environment and Water. For credit card payments or other payment options, please telephone: (08) 8595 2053

Office Location: 28 Vaughan Terrace, BERRI SA 5343