



# T.3

## RIVER MURRAY PRESCRIBED WATERCOURSE Application to order for use an interstate water allocation that is tagged for use to a South Australian extraction point

Pursuant to Section 154 of the *Landscape South Australia Act 2019* and Schedule D of the *Murray-Darling Basin Agreement Protocol 2010*

**Note:** Failure to provide complete details will result in your application being returned for completion.

**Note:** If this application is approved, the allocation holder will also need a Water Resource Works Approval to take the water, and a Site Use Approval to use the water.

### 1 Applicant Detail

SA Water Resource Works Approval Number \_\_\_\_\_

SA Water Account Number \_\_\_\_\_

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

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

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

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

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

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

### 2 Volume of allocation to be ordered

\_\_\_\_\_ kL

### 3 Interstate Entitlement Details

Interstate Account Number \_\_\_\_\_

Account Name (s) \_\_\_\_\_

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

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

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



**4 Signatures of Applicant(s)**

**Note:** Each account holder must complete **one only** of the following alternatives.

**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.

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

4.1 Where the applicant is one or more persons:

Sign Here \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Sign Here \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

4.2 Where the applicant is a company or an incorporated association

Sign Here \_\_\_\_\_

Name of authorised person \_\_\_\_\_

Position held \_\_\_\_\_

Date \_\_\_\_\_

Sign Here \_\_\_\_\_

Name of authorised person \_\_\_\_\_

Position held \_\_\_\_\_

Date \_\_\_\_\_

Name of company or incorporated association \_\_\_\_\_

Affix seal in box



Return the form to:

Department for Environment and Water  
Water Licensing Branch  
28 Vaughan Terrace, Berri SA 5343  
PO Box 240, Berri SA 5343

Telephone enquiries: (08) 8595 2053