

REQUEST TO RECORD ACTION

Section Water Management Act 2000

Before completing this form, carefully read the relevant Registrar General's Directions available from Land and Property Information (LPI). Failure to do so may lead to rejection. All handwriting must be in block capitals.

Leave this space clear for office use

PRIVACY NOTE: The Water Management Act 2000 authorises the collection of the information required by this form for the establishment and maintenance of the Water Access Licence Register. That Act allows for public access to the Register and for ministerial disclosure of information contained in the Register.

(A) STAMPDUTY

CODE	DETAILS OF THE PERSON OR FIRM LODGING THIS FORM FOR REGISTRATION AT LPI			
	R	(B) Document Collection Box	(C) Name, Address or DX, Telephone, and Customer Account Number if any	(D) Reference

(F) WATER ACCESS LICENCE NUMBER

(G) LICENCE TENURE TYPE

(H) REGISTERED DEALING

(I) APPLICANT

(J) NATURE OF REQUEST

(K) PURSUANT TO

(L) DETAILS OF REQUEST

The applicant requests:

(M) DATE:

ADDITIONAL INFORMATION TO BE PROVIDED
Regulation 31(2) Water Management (General) Regulation 2004

Leave this space clear for office use

PRIVACY NOTE: The information provided below will not form part of the Water Access Licence Register and therefore will not be available to the public through Land and Property Information. For any enquiries regarding the use of this information contact the NSW Office of Water.

EVIDENCE NUMBER

Water Access Licence No.	Contact licence holder's details
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: Postcode: Daytime telephone number:

The applicant states that the information provided herein is accurate and true.

Signature of applicant:

If signed on the applicant's behalf by a solicitor or barrister, enter the signatory's full name and capacity below: