



Department of Natural Resources, Mines and Energy

ABN 59 020 847 551

Application to amalgamate interim water allocations that do not attach to land

Water Act 2000

Purpose of the form			
Where an entity is the holder of two or more interim water allocations, it may apply to amalgamate the interim water allocations.			
Part A Applicant details			
Specify the full names(s) of all persons applying to amalgamate these interim water allocations.			
If the applicant is a corporation, please supply the ACN:			
Street address:			
Mailing address:			
Applicant contact details			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify)			
Full name:			
Preferred phone:	Alternative phone:	Facsimile:	
Email:			
<p>Privacy statement: The information being collected in this request will be used by this department for the purpose of processing your application to amalgamate interim water allocation under the authority of Chapter 2, Part 5 of the unamended <i>Water Act 2000</i>, continued under section 1271 of the <i>Water Act 2000</i>. Your personal details will be accessed only by authorised officers within this department and will not be disclosed to any other third party without your consent except where required by law. The information collected will be retained as required by the <i>Public Records Act 2002</i> and may be stored in a departmental database. More information on the department's privacy commitment can be found on the department's website at www.business.qld.gov.au.</p> <p>This application will be publicly viewable in the period in which people may make submissions. The instrument of the water authority will be placed on a publicly searchable register under section 1009 of the <i>Water Act 2000</i>. If a submitter chooses to apply for an internal review of the department's decision on this application, your name and address will be provided to them, so that they may provide you with notice of their application for internal review.</p>			
OFFICE USE ONLY	Application ref.	Fee received \$	Office Stamp Only
	Client ref.	Receipt no.	
	Authorisation ref.	Registration Date / / Initials	

Part B Amalgamation

Provide details of the interim water allocations to be amalgamated.

1. Reference numbers of the existing interim water allocation to be amalgamated.
2. Amount shown on this entitlement.
3. Total amount for amalgamated water entitlements.

1. Reference number	2. Existing entitlement amount *Megalitres	*Hectares
3. Total		

Part C Comments**Part D Declaration**

All intended holders 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 understand that the completion of this application demonstrates acceptance of the conditions of the water licence and that the information contained in this application is true and correct.

Individual

Name:	Name:
Signature:	Signature:
Position/Title: (if applicable)	Position/Title: (if applicable)
Date: / /	Date: / /
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: / /