

Water Facility Offtake Agreement



Application Form

This form should not be used for an application for an offtake agreement from a Stock Route water facility.

Water Facility:	
Applicant Name:	
Trading Name:	
ABN:	
Contact (if different from above):	
Address:	
Phone:	
Mobile:	
Email:	

Real Property Description (Attach additional sheet if required)

Lot Number:	Plan Number:	Tenure:

Offtake Type (Please tick all that apply)

Purpose:	Stock:	Domestic:	Community use:
Offtake Type:	Watering at the facility:	Regular offtake:	High Usage offtake:
Proposed point of connection of supply:			

Declaration: *I certify that I have read the Maranoa Regional Council Water Facility Offtake Agreement fact sheet and I am aware of the obligations and limitations relating to an offtake from the water facility listed above, and all information provided above is true and correct.*

Signature:		Date:	
Print Name:			
Position:			