

# Bulk Water Filling Station Application



Applicant Details	
Name	Company
ABN	Address
Town/ Suburb	Postcode
Email	Phone
Drivers License Number	State of Issue
Vehicle Details	
Make	Model
Vehicle registration	Type of Tank
Tank Volume	Date last chlorinated:
	____/____/____
Intended use of Water:	
	<input type="checkbox"/> Potable
	<input type="checkbox"/> Non Potable
Do you intend to access councils Bulk Water Filling Stations for the purpose of supplying and selling drinking water?	
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Document 19/3193

# Bulk Water Filling Station Application



**Office use only:**

Permit number: \_\_\_\_\_

Avdata key number: \_\_\_\_\_

Private Water Carter

Commercial Water Carter

Approved By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_