

City Administrative Centre Bridge Road, Nowra, NSW, Australia, 2541

Address all correspondence to: Shoalhaven Water, PO Box 42, Nowra, NSW, Australia, 2541

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SAVE & RETURN OPTION – For your convenience, save this form to your computer, enter the information, then email saved document to: water@shoalhaven.nsw.gov.au

Explanatory Notes

To apply for the rebate you must be the owner of the property where the tank has been installed and you must be connected to town water. This rebate applies to new tanks purchased, paid in full and installed, and a receipt must be attached. Shoalhaven Water will only issue one rebate per property based on total tank capacity. Proposed tanks must receive compliance approval from Council before installation.

Applicant

Applicant Name: _____
 Email: _____
 Postal Address: _____
 Suburb: _____ Postcode: _____
 Phone: _____ Mobile: _____

Property Details

Property Assessment No.: _____
 Property Owner Name: _____
 House No: _____ Street: _____
 Suburb: _____ Postcode: _____

Tank Installation Details

Total capacity of tanks: _____
 Above ground or below: _____
 Connection details:

	Yes	No
Toilet / Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>
Top-up System	<input type="checkbox"/>	<input type="checkbox"/>
Top-up has backflow prevention device	<input type="checkbox"/>	<input type="checkbox"/>

If you answer 'Yes' to any of these questions you must complete the Licensed Plumber Declaration details.

Licensed Plumber Details

Please note: This section is only required if connecting to internal plumbing such as toilet/washing machine or a top-up system. If this is the case Council is required under s68 of the Local Government Act to inspect the works (fees charged).

Plumber Name: _____
 Plumber License Number: _____
 Plumber Contact Number: _____

Property Owners Declaration

I declare that:

- My tank has been installed by a licensed plumber.
- I have read and understand the Terms and Conditions of the rebate program.
- The information on this application is correct and in accordance with the Terms and Conditions.
- My tank meets the building requirements set by Shoalhaven City Council.
- The tank is not a condition of BASIX.
- I have attached a copy of the receipt for the purchase of my rainwater tank.

Signature: _____

Date: _____

Privacy Notification - The information requested on this application is being collected by Council for administrative purposes associated with the particular information or service request. The information will be used solely by Council for the purpose mentioned or a directly related purpose. The applicant understands that this information is provided on a voluntary basis and they may apply to Council for access or amendment at any time. **This form may be published on Council's website in accordance with Government Information (Public Access) Act 2009.**

OFFICE USE ONLY

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