Customer Service **1300 728 500** www.**wdrc.qld.gov.au** info@wdrc.qld.gov.au



## **Application for an Exemption from Water Restrictions - Health**

## **IMPORTANT NOTICE**

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act* 2009. The personal information collected on this form will be used to review application for exemption. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act* 2009.

## PENSIONER CONCESSION

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Person Reque	esting Exemption:	ı:				
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Address of Pr Town:	emises:				Post Code:	
I UWII.					FUSI OUGO.	
Postal Addres	ss:					
Town:					Post Code:	
Business Hou	ırs Phone:				Mobile:	
Pensioner Co	oncession Numbe	r:			Expiry:	
	•	☐ AGED PENS!	ION 🗆 DIS	SABILITY SUPPOF	RT PENSION	☐ CARER PENSION
Other Condition	on:					
Requested Wa	atering Time / s:	:				
Requested Wa	atering Day / s:	□ ODDS & EVE	:NS □ OT	HER:		
Can you orga	nise someone to	o water on your b	ehalf?	□ YES	□NO	
Requested Me	ethod of Waterin	ıg:				
			☐ IRRIGATION SYSTEM			: _
Start Date of E	_					-
End Date of E	xemption:					-
SIGNED:				DATE:		
Exemption:	☐ Approved	□ Not Approved	OFFICE USE	E ONLY Approval Date:		
Sign Issued:	□ No	□ Yes		Number:		
Approved by: _						
Cianad:			Doto			