Queensland Government
Environment and Resource Management

SERVICE PROVIDER
DROUGHT MANAGEMENT PLAN EXEMPTION
APPLICATION FORM

Water Supply (Safety & Reliability) Act 2008

To:- The Director
Water Industry Asset Management & Standards
Department of Environment and Resource Management
GPO Box 2454
Brisbane 4001

Read instructions before completing this form

PART A Applicant's Details

Name

ABN Number

Service provider number SP

Mailing Address

Town/City

State Postcode

Telephone Contact Details

Title Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other (please specify)

Given Names

Surname

Phone Number

Fax Number

Mobile Number

Position

Email

Any other details

PART B Exemption Information Summary

To what "areas" does the application apply (s.123)

Additional Information may be attached

☐ **Service Area** (list the individual service areas)

1.
2.
3.
4.

☐ **Authority Area**

1.

☐ **Area** (list the individual areas)

1.
2.

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PART C Supporting Information (Attached)

Additional information may be attached

The service provider must provide sufficient supporting information to enable the regulator to make a decision on the exemption application.

The information should clearly demonstrate that the service provider supplies at least 70% of the water for the registered water service from a source or sources that cannot be affected by drought.

Further details on exemptions is contained in the document titled:

Guidelines for the Preparation of a Drought Management Plan

PART D Service Provider Signature (To be completed by person with appropriate authority.)

The service provider applies for exemption(s) set out in Part B

Name (please print) _____ _____

Position _____ _____

Signature _____ _____

Witness (please print) _____ _____

Signature _____ _____

Date ____/____/____

Common Seal (If applicable)

OFFICE USE ONLY

Service provider Reg No SP | | | | | ❑ (check) Exemption Application No SPED | | - | | | | | |

Details entered into database ❑	Data entry verification ❑
Signature _____	Signature _____
Designation _____	Designation _____
Date ____/____/____	Date ____/____/____

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