



# T.1

## RIVER MURRAY PRESCRIBED WATERCOURSE

# Application to tag an Interstate water allocation for extraction in SA

Pursuant to Section 164M of the *Natural Resources Management Act 2004* and Schedule D of the *Murray-Darling Basin Agreement 2006*

**Note:** Failure to provide complete details and/or prescribed fee will result in your application being returned for completion

**Note:** The State of Origin and the State of Destination must approve the tagged transfer before it can be effected.

**Note:** If this application is approved, you will also need a *Water Resource Works Approval* to take water, and a *Site Use Approval* to use the water. A person who furnishes information to the Minister or another authority under the *Natural Resources Management Act 2004 (the Act)* that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20 000

### 1 Applicant Detail

Full Name(s) of applicant(s)

Contact Person

If Body Corporate, ACN

Contact Address

Suburb

State

P/Code

Telephone

Mobile

E-mail

### 2 Tag Account Detail

**2.1** Do you have an existing South Australian River Murray Water Account against which the water allocation will be credited?

Yes – Water Account Number

No

**2.2** Volume of water to be tagged (Kilolitres)

### 3 Interstate Entitlement Detail

Interstate Account Number

Interstate Entitlement Number

Interstate Water Authority

Trading Zone

For Office Use Only:	Application No	Receipt No	Invoice No	Batch No
Date Received: _____				
Amount Paid: \$ _____				
Area: _____				



**ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION**

Please be aware that it is an offence to provide information on this form that is false or misleading.

**SECTION 4: SIGNATURE OF THE APPLICANT**

**NOTE: Each applicant must complete ONE (only) of the following alternatives**

I/We declare that the information that has been provided on this application is true and correct.

SIGNED:

**1. Where the applicant is an individual or two or more persons**

Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date

**2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation**

Print Name of authorised person	Position held
Signature	Date
Print Name of authorised person	Position held
Signature	Date

The person(s) duly authorised to sign for and on behalf of:  
(print name of company or incorporated association)

**3. Where the applicant is a company or an incorporated association and the seal is affixed:**

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Signature	Affix Seal Here:
Print Name	
Position held	
Signature	
Print Name	
Position held	

**RETURN APPLICATION AND PAYMENT TO:**

**Make cheques or money orders payable to:**  
Department for Environment and Water

**Return application and payment to:**  
Department for Environment and Water  
PO Box 240  
BERRI SA 5343

**Office Location:**  
2 Wade Street  
BERRI SA 5343

**Telephone enquiries:** (08) 8595 2053