

APPLICATION FORM

7 Learmonth Road, Wendouree VIC 3355 | PO BOX 152 Ballarat VIC 3353
DX 35024 | ABN: 75 224 340 348



CENTRAL
HIGHLANDS
WATER

Request for the return of Works Warranty Bond

Development details

Address:

Estate name:

CHW's reference number:

Stage name:

Consultant's reference:

Consultant company:

Consultant's representative:

Developer:

The Developer or the Accredited Consultant must complete this form.

Note: The bond can only be returned 2 years after the Certificate of Completion has been issued

Bond payment details

Amount paid:

Select method of payment used.

Cheque

Bank guarantee

Insurance bond

EFT

Recipient details

Name:

Phone:

Email:

Postal address:

Address line 1:

Address line 2:

Suburb:

State:

Country:

Postcode:

Developer's or consultant's signature

I

Agree that by signing below I agree to be bound by the terms set out in this document and that I consent to this acceptance being relied upon as evidence of my intention to be so bound.

Signature:

Date:

Dispensation has been sought and agreed by Central Highlands Water for works that deviate from Central Highlands Water's requirements.