

Lower Murray Water Expression of Interest



Customer Consultative Committee

CANDIDATE DETAILS (please use BLOCK LETTERS)

Title	<input type="text"/>	
Given Names	<input type="text"/>	
Surname	<input type="text"/>	
Assessment No (LMW)	<input type="text"/>	
Property Address	<input type="text"/>	
Postal Address	<input type="text"/>	
	BUSINESS HOURS	AFTER HOURS
Telephone	<input type="text"/>	<input type="text"/>
Mobile Phone	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	

I, the candidate named above, declare that I:

- apply to be a candidate for the office of committee member - Customer Consultative Committee
- am eligible to be a candidate under the Water Act 1989
- have completed and attached the required Statutory Declaration

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Signature of applicant

...../...../.....
Date

OFFICE USE ONLY

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Date and time of receipt

.....am/pm

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Eligibility Verified