

Lower Murray Water
PO Box 1438
MILDURA VIC 3502

Customer Service Advisory Committee (CSAC) Nomination

I _____ authorise _____
(Property owner) (Nominee)

to nominate for the _____ CSAC as a representative of
my/our property.

Property address: _____

Assessment No: _____

Signed: _____ (Owner/Director)

_____ (Owner/Director)

_____ (Owner/Director)

Date: _____