

# 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

.....  
*Signature of applicant*

...../...../.....  
*Date*

### OFFICE USE ONLY

.....  
*Date and time of receipt*

.....am/pm

.....  
*Eligibility Verified*