

APPLICATION FOR A CONCESSION

Your account number

CONCESSION DETAILS

Property ID

Municipality

Concession holder

SURNAME

FIRST NAME

Property address

STREET

SUBURB

POSTCODE

Is this the applicant's principal place of residence?

 Yes

 No

Please circle one. Please note that an approved concession will only apply to the applicant's principal place of residence.

 Concession type
(please circle one)

 Health Care (HCC) Pensioner Concession (PCC) Department of Veteran's Affairs (Gold Card)

CRN number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Exp date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DVA number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of grant	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Expiry date must be provided for Health Care Card applications

DECLARATION

I declare that the information I have given on this form is correct.

- My entitlement to a concession card, and
- Confirm my postcode.

For the sole purpose of authorising Ben Lomond Water or the Department of Treasury and Finance to confirm with Centrelink whether or not the details I have provided matches Centrelink or other Commonwealth portfolio departments or agency records in relation to the current status of my Commonwealth benefit, I authorise Centrelink to disclose from Centrelink records:

I agree that unless I revoke my consent, this is a permanent consent and may be relied upon until such time as I revoke it.

Revoking concession details.

It is the concession holders responsibility to notify Ben Lomond Water within 21 days of ceasing to be an eligible concession holder.

- My customer reference number
- My name

I acknowledge that I have read and understood this application for a concession.

Signature

Date

Witness

Date

PERSONAL INFORMATION PROTECTION STATEMENT

The personal information that Ben Lomond Water is collecting from you is deemed personal information for the purposes of the Personal Information Protection Act 2004.

cannot provide or do not wish to provide the information sought, Ben Lomond Water may be unable to process your application or request.

The intended recipients of personal information collected by Ben Lomond Water may be:

Ben Lomond Water is collecting this personal information from you for the purposes of managing, assessing, advising upon and determining the relevant application, or other Ben Lomond Water related matters.

- Officers within Ben Lomond Water,
- Data service providers engaged by Ben Lomond Water from time to time, and/or
- Any other agent/contractor of Ben Lomond Water.

You may make an application for access or amendments to your personal information held by Ben Lomond Water. Information concerning this matter can be addressed to the Freedom of Information Officer, Ben Lomond Water C/- PO Box 188, Launceston BC, TAS 7250.

The supply of the information by you is voluntary. If you

Mail to: Ben Lomond Water
PO Box 745
Launceston TAS 7250

Email: myaccount@blwater.com.au
Phone: 13 MYWATER (13 6992)

OFFICE USE ONLY

Date processed:

By: