



WATER AND SEWERAGE AUTHORITY

WATER RESOURCES AGENCY

APPLICATION TO RENEW LICENCE TO ABSTRACT WATER

NAME OF APPLICANT:

ADDRESS OF APPLICANT:

NAME OF COMPANY:

ADDRESS OF COMPANY:

CONTACT TEL. NO.

I / WE, the above, hereby request renewal of the licence (s) indicated below for the year

| <u>LIC. NO.</u> | <u>SOURCE</u> | <u>LOCATION</u> | <u>RENEWAL REQUESTED</u> (Please indicate Yes or No) |
|-----------------|---------------|-----------------|---|
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| | | | |

Interest of Licensee in property: owner, lease, tenant, etc

Method of measuring or assessing quantities abstracted:

Specify Purpose of abstraction

Desired rate of abstraction (m³/mth.)

.....
Signature of Applicant

.....
Date of Application

Please fill out and return this form with the appropriate answer (s) to the above address.