

Water Replacement Request / Authorisation Form

LANDHOLDER

Name	
Address	
Contact Phone Number	
Fire Name	
Municipality	

Water Required

Location of Water Source	Type of water source Dam or tank	Quantity of Water Required	Units of water (litres or Gallons)	Date(s) water was used for fire fight

Submit this form to your local municipality

Signature	
Date	

OFFICE USE ONLY

Key Questions	Decision	Name	Signature	Date
Was the water used for fire fighting?	Yes/No			
Is the water essential?	Yes/No			

Date of Request Submission	
Name of Water Supplier	
Name of Water Carter	
Date of Delivery	

Confirmation of Delivery	Name	Signature	Date
Yes or No			