#### Contact Details

\* indicates a required field

Applicants: please note

By submitting an online application to our grants program the applicant agrees to the City of West Torrens conditions for grant approval.

Please ensure you have read the Residential Rainwater Tank and Rain Garden Rebates eligibility criteria prior to submitting an application.

### Privacy - Council's use of personal information

Please note that the City of West Torrens is a public authority which is bound by the *Local Government Act 1999*, and other relevant legislation, to retain information and to make certain information publicly available. In some instances this will require Council to publish personal information such as names and addresses of those whose information it holds. If you have any questions regarding the use of your personal information please contact us on (08) 8416 6333.

#### Purchase / installation date

| Must be an Australian postcode.                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Postal address (if different to above) Address                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                         |
| Suburb State Postcode                                                                                                                                                                                                                                                                   |
| Primary phone number *                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                         |
| Secondary phone number                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                         |
| Fax number                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                         |
| Primary contact person's email address *                                                                                                                                                                                                                                                |
| This is the address we will use to correspond with about this application.                                                                                                                                                                                                              |
| Bank Details                                                                                                                                                                                                                                                                            |
| Funds will be transferred to this account                                                                                                                                                                                                                                               |
| Bank Account * Account Name                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                         |
| BSB Number Account Number                                                                                                                                                                                                                                                               |
| Must be a valid Australian bank account format.                                                                                                                                                                                                                                         |
| Installation Details                                                                                                                                                                                                                                                                    |
| * indicates a required field                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                         |
| Please indicate the rebate this application is for: *  ☐ Rebate 1: Rainwater tank (plumbed or unplumbed)  ☐ Rebate 2: \$200 Plumbed in Rainwater Tank for new developments or extensions  ☐ Rebate 3: Planter Box Rain Garden  More than one rebate type may be selected if applicable. |

| What is the tank size (in litres) of the rainwater tank? Please choose from the drop-down box below. *                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------|
| This will determine the rebate you are eligible to receive. The capacity may be reached by installing two or more smaller tanks.                  |
| Documentation for Rebate 1: Rainwater Tank (plumbed or unplumbed)                                                                                 |
| Attached is:                                                                                                                                      |
| I have attached a copy of my rainwater tank purchase / installation receipt. * Attach a file:                                                     |
| Maximum 25mb, recommended size no bigger than 5mb                                                                                                 |
| I have attached a clear photograph of the rainwater tank installed at the address listed. *  Attach a file:                                       |
|                                                                                                                                                   |
| For strata title properties only: I have written proof of approval from the body corporate to install the tank.  Attach a file:                   |
|                                                                                                                                                   |
| Documentation for Rebate 2: \$200 Plumbed in Rainwater Tank for new developments or extensions                                                    |
| I have attached a copy of my rainwater tank purchase / installation receipt. * Attach a file:                                                     |
| Maximum 25mb, recommended size no bigger than 5mb                                                                                                 |
| I have attached a clear photograph of the rainwater tank installed at the address listed. * Attach a file:                                        |
|                                                                                                                                                   |
| I have attached an image showing the roof catchment feeding into the rainwater tank and where the rainwater tank is plumbed to. *  Attach a file: |
| For strata title properties only: I have written proof of approval from the body                                                                  |

corporate to install the tank.

Attach a file:

| Documentation for Rebat                                                                                                                | e 3: Plan    | ter Box Rain (       | Garden             |               |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|--------------------|---------------|--|--|
| I have attached copies of my garden. * Attach a file:                                                                                  | receipts f   | or the materials     | s used to constr   | uct the rain  |  |  |
| Maximum 25mb, recommended size                                                                                                         | no bigger th | nan 5mb              |                    |               |  |  |
| I have attached a clear photo listed. * Attach a file:                                                                                 | graph of t   | the Planter Box      | Raingarden at t    | he address    |  |  |
|                                                                                                                                        |              |                      |                    |               |  |  |
| For strata title properties only: I have written proof of approval from the body corporate to install the rain garden.  Attach a file: |              |                      |                    |               |  |  |
|                                                                                                                                        |              |                      |                    |               |  |  |
|                                                                                                                                        |              |                      |                    |               |  |  |
| Certification and Feedb                                                                                                                | ack          |                      |                    |               |  |  |
| * indicates a required field                                                                                                           |              |                      |                    |               |  |  |
| Certification                                                                                                                          |              |                      |                    |               |  |  |
| I agree to the following statemen                                                                                                      | ıtc:         |                      |                    |               |  |  |
| - I certify that to the best of my k true and correct.                                                                                 |              | the statements m     | ade within this ap | plication are |  |  |
| - I acknowledge and agree that the claim, cause of actions, loss or do or service procured under the rel                               | amage aris   | ing out of, or in re | •                  |               |  |  |
| - I accept and agree to abide by                                                                                                       | any additio  | nal conditions out   | lined in any appro | oval letter.  |  |  |
| l agree *                                                                                                                              | ○ Yes        |                      | ○ No               |               |  |  |
| Name *                                                                                                                                 | Title        | First Name           | Last Name          |               |  |  |
|                                                                                                                                        |              |                      |                    |               |  |  |

Applicant Feedback

You are nearing the end of the application process.

Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

\*This section is not mandatory\*

| Please indicate how you found the online application process:                                                                                       |                        |                           |                               |                                  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|----------------------------------|--|--|--|--|
| <ul><li>Very easy</li></ul>                                                                                                                         | <ul><li>Easy</li></ul> | <ul><li>Neutral</li></ul> | <ul> <li>Difficult</li> </ul> | <ul><li>Very difficult</li></ul> |  |  |  |  |
| , ,                                                                                                                                                 | ,                      | <u> </u>                  |                               | ,                                |  |  |  |  |
| Diana a massial                                                                                                                                     | <b>!*!</b>             |                           | !                             |                                  |  |  |  |  |
| Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider. |                        |                           |                               |                                  |  |  |  |  |
| additions to t                                                                                                                                      | he application         | process/form that         | you think we ne               | ed to consider.                  |  |  |  |  |
|                                                                                                                                                     |                        |                           |                               |                                  |  |  |  |  |
|                                                                                                                                                     |                        |                           |                               |                                  |  |  |  |  |
|                                                                                                                                                     |                        |                           |                               |                                  |  |  |  |  |
|                                                                                                                                                     |                        |                           |                               |                                  |  |  |  |  |