

# NOTICE OF DEATH

## Section 72 Water Management Act 2000

Leave this space clear for LPI use

Before completing this form, carefully read the instructions available from Department of Lands, Land & Property Information Division (LPI). Failure to do so may lead to rejection. All handwriting must be in block capitals.

**PRIVACY NOTE:** The Water Management Act 2000 authorises the collection of the information required by this form for the establishment and maintenance of the Water Access Licence Register. That Act allows for public access to the Register and for ministerial disclosure of information contained in the Register.

CODE	DETAILS OF THE PERSON OR FIRM LODGING THIS FORM FOR REGISTRATION AT LPI			
	ND	(A) Document Collection Box	(B) Name, Address or DX, Telephone, and LLPN if any	(C) Reference
(E) WATER ACCESS LICENCE NUMBER		(F) LICENCE TENURE TYPE	(G) REGISTERED DEALING	
(H) DECEASED JOINT TENANT				
(I) SURVIVING JOINT TENANT				

(J) I, the abovementioned surviving joint tenant, apply to be registered as owner of the interest of the deceased joint tenant (who died on \_\_\_\_\_ as stated in the \_\_\_\_\_ No. \_\_\_\_\_ accompanying this application) in the above

(K) DATE:

Evidence sighted & returned [Office use only]:

\* As the Department of Lands may not be able to provide the services of a justice of the peace or other qualified witness, the statutory declaration should be signed and witnessed prior to lodgment of the form at Land & Property Information Division.

**ADDITIONAL INFORMATION TO BE PROVIDED**  
**Regulation 31(2) Water Management (General) Regulation 2004**

*Leave this space clear for LPI use*

**PRIVACY NOTE: The information provided below will not form part of the Water Access Licence Register and therefore will not be available to the public through the Department of Lands. For any enquiries regarding the use of this information contact the Department of Water and Energy.**

EVIDENCE NUMBER

Water Access Licence No.	Contact licence holder's details
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:
	ABN/ACN/ARBN: Name: Address: City/Suburb/Town: <span style="float: right;">Postcode:</span> Daytime telephone number:

The surviving joint tenant states that the information provided herein is accurate and true.

Signature of surviving joint tenant: