

# Service Provider - Notice of intention to stop operating

Section 26 of the Water Supply (Safety and Reliability) Act 2008



Queensland  
Government

## PART A – Notice of intention to stop supply

Note – This notice must be given at least 60 business days prior to the stoppage.

**Important information** – This form is to be used by a service provider to give the regulator notice of intention to stop operating as a service provider. Unless the service provider has a reasonable excuse, the service provider must give at least 60 business days' notice of the possible stoppage. Information requested in this form is required to inform the regulator of the service provider's intention to stop operating under the *Water Supply (Safety and Reliability) Act 2008* ('the Act') and the date on which supply is intended to stop. If the service provider is the prescribed related entity of the relevant infrastructure owner, at least 60 business days' notice of the possible stoppage must be given. Before submitting this form, you should understand the requirements of the Act and associated subordinate legislation and guidelines.

**Privacy notice** – Personal information on this form is being collected for the purpose of allowing the regulator to administer the Act. Your personal information will not be otherwise disclosed to any other parties without your consent unless authorised or required by law, such as under the *Right to Information Act 2009* or the *Evidence Act 1977*. The regulator must publish a list of entities registered as service providers on the department's website. Further information about privacy is available on the department's website: [www.dnrme.qld.gov.au](http://www.dnrme.qld.gov.au).

Refer to final page for definition of terms used in this application form.

### SECTION 1 – THE APPLICANT

#### 1.1 Details of the service provider

Please supply the existing registration number if known: **SPID**

Name of the service provider	ABN	ACN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Registered/business physical address	City/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)	City/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominated contact officer (including title)	Position		
<input type="text"/>	<input type="text"/>		
Phone number	Mobile number		
( ) <input type="text"/>	<input type="text"/>		
Email address			
<input type="text"/>			

#### 1.2 Details of the infrastructure owner

Note: If there is more than one owner, please provide the additional information as an attachment.

Name of the infrastructure owner	ABN	ACN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Registered/business physical address	City/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing address (if different from above)	City/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominated contact officer (including title)	Position		
<input type="text"/>	<input type="text"/>		
Phone number	Mobile number		
( ) <input type="text"/>	<input type="text"/>		
Email address	<input type="text"/>		

**SECTION 2 – INTENTION TO STOP OPERATING AS A SERVICE PROVIDER**

**2.1 Details on intention to stop operating**

What is the day and date the service provider intends to stop supplying the service?  /  /

*Provide any additional relevant details below.*

Is there another entity willing to take over the operation of all, or part, of the service provider's infrastructure for the service?  No  
 Yes – provide details below.

### SECTION 3 – NOTIFICATION TO THE RELEVANT INFRASTRUCTURE OWNER

If the service provider is a prescribed related entity, the relevant infrastructure owner must be given notice of the intention to stop supply.

a) Is the service provider a prescribed related entity?  No – go to section 4  
 Yes

b) Has the relevant infrastructure owner been notified of the intention to stop supply?  No  
 Yes

If 'yes', what day and date did this occur? \_\_\_\_\_

### SECTION 4 – DECLARATION

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**Please read the following carefully before signing:**

I declare and warrant that –

- I am authorised to provide the information included in this form (and attachments) and make this declaration.
- The information I have provided in this form (including information submitted as part of this application) is true and correct to the best of my knowledge.
- I understand that it can be an offence under the Act to state anything in this form or provide material that is false or misleading.
- I understand the privacy notice in this form and I consent to the collection, use and disclosure of my personal information in the manner described in that notice.

Name

Organisation

Position

Email address

Phone number

Mobile number

Date

Signature

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Complete and sign this form, attaching all relevant materials, and send to:

Email address: [drinkingwater.reporting@dnrme.qld.gov.au](mailto:drinkingwater.reporting@dnrme.qld.gov.au)

**Note:** the notice to stop supply in Part B of this form must be submitted within five (5) business days after the service provider stops supply.

# Service Provider - Notice of intention to stop operating

Section 26(8) of the Water Supply (Safety and Reliability) Act 2008

## PART B – Notice of stoppage

**Note:** Notice must be submitted within five (5) business days' after stopping supply.

**Important information** – You must have completed and submitted Part A before submitting this Part B. This form is to be used by a service provider to give the regulator notice that supply has stopped and the date of stoppage. Information requested in this form is required to inform the regulator that the service provider has stopped operating under the *Water Supply (Safety and Reliability) Act 2008* ('the Act'). If the service provider is the prescribed related entity of the relevant infrastructure owner, at least 60 business days' notice of the possible stoppage must be given. Before submitting this form, you should understand the requirements of Act and associated subordinate legislation and guidelines.

**Privacy notice** – Personal information on this form is being collected for the purpose of allowing the regulator to administer the Act. Your personal information will not be otherwise disclosed to any other parties without your consent unless authorised or required by law, such as under the *Right to Information Act 2009* or the *Evidence Act 1977*. The regulator must publish a list of entities registered as service providers on the Department's website. Further information about privacy is available on the Department's website: [www.dnrme.qld.gov.au](http://www.dnrme.qld.gov.au).

### SECTION 1 – THE APPLICANT

#### 1.1 Details of the service provider

Please supply the existing registration number if known: **SPID**

Name of the service provider	ABN	ACN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Registered/business physical address	City/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)	City/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominated contact officer (including title)	Position		
<input type="text"/>	<input type="text"/>		
Phone number	Mobile number		
( ) <input type="text"/>	<input type="text"/>		
Email address	<input type="text"/>		

#### 1.2 Details of the infrastructure owner

*Note: If there is more than one owner, please provide the additional information as an attachment.*

Name of the infrastructure owner	ABN	ACN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Registered/business physical address	City/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)	City/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominated contact officer (including title)	Position		
<input type="text"/>	<input type="text"/>		

Phone number

Mobile number

( )

Email address

[Empty text box for email address]

### SECTION 2 - STOP SUPPLY OF THE SERVICE

What is the day and date the service provider stopped supplying the service?

[ ] / [ ] / [ ]

Provide any relevant details below.

[Large empty text box for details]

### SECTION 3 – NOTIFICATION TO THE RELEVANT INFRASTRUCTURE OWNER

If the service provider is a prescribed related entity, the relevant infrastructure owner must be given notice of the cancellation.

- a) Is the service provider a prescribed related entity?  No – go to section 4  
 Yes
- b) Has the relevant infrastructure owner been notified that the supply has stopped?  No  
 Yes

If 'yes', what day and date did this occur? \_\_\_\_\_

### SECTION 4 – DECLARATION

**Please read the following carefully before signing:**

I declare and warrant that –

- I am authorised to provide the information included in this form (and attachments) and make this declaration.
- The information I have provided in this form (including information submitted as part of this application) is true and correct to the best of my knowledge.
- I understand that it can be an offence under the Act to state anything in this form or provide material that is false or misleading.
- I understand the privacy notice in this form and I consent to the collection, use and disclosure of my personal information in the manner described in that notice.

Name

Organisation

[Empty text box for name]

[Empty text box for organisation]

Position

Email address

[Empty text box for position]

[Empty text box for email address]

Phone number

Mobile number

( )

[Empty text box for mobile number]

Date

Signature

[Empty text box for date]

[Empty text box for signature]

Complete and sign this form, attaching all relevant materials, and send to:

Email address: [drinkingwater.reporting@dnrme.qld.gov.au](mailto:drinkingwater.reporting@dnrme.qld.gov.au)

# Service Provider – Notice of intention to stop operating

*Water Supply (Safety and Reliability) Act 2008*

## Definitions used in this application form

**Current infrastructure owner** means the owner of infrastructure for a registered service

**Entity** includes a person and an unincorporated body

**Incoming related entity of the current or new infrastructure owner** means the entity that the current or new infrastructure owner proposes to nominate to operate the infrastructure to supply the relevant service when the registration for the service is transferred

**Local Government** describes the institutions and processes by which towns and districts can manage their own affairs to the extent permitted by the *Local Government Act 2009*

**New infrastructure owner** means the ownership of the infrastructure for the relevant service has been transferred to another owner i.e. the new infrastructure owner

**New service provider** means the incoming related entity of the current infrastructure owner following a transfer of registration

**Outgoing related entity of the current infrastructure owner** means the prescribed related entity of the current infrastructure owner who is the service provider for the relevant service until the registration for the service is transferred

**Prescribed related entity** means an entity that is prescribed under a regulation as a related entity of the relevant infrastructure owner

**Relevant infrastructure owner** means an entity who is the owner of 1 or more elements of infrastructure for supplying water or sewerage service for which a charge is intended to be made

**Relevant service** means a registered service under the *Water Supply (Safety and Reliability) Act 2008*

**Transfer notice** means an approved form that must be used by the current infrastructure owner to notify the regulator of a proposed transfer of registration

**Water Authority** means a water authority established under the *Water Act 2000*.