

Section A: Owner Details (See Note A)

PLEASE USE BLOCK CAPITAL LETTERS

Ownership Category: Private - In Ireland
(check a box)

Private - Outside Ireland

Corporate - In Ireland

Corporate - Outside Ireland

Email Address:

First Name:

Surname:

Company Name:
(if applicable)

Company Contact First Name:
(if applicable)

Company Contact Surname:
(if applicable)

Phone No.:

Mobile No.:

Correspondence Address:

County:

Eircode: -

Country:

Tick box(es) if you **DO NOT** wish to receive notifications or further information... by Mobile: by Email:

Email address and telephone number(s) are collected if voluntarily submitted to receive reminders and further information. Contact data (including email address) may be used to issue a receipt and a certificate of registration.

Section B: Security Question (See Note B)

PLEASE USE BLOCK CAPITAL LETTERS

Choose a Question: A: What is your mother's maiden name? B: Where were you born?

Answer:

Notes for Completion of Domestic WasteWater Treatment Systems New Customer Account Form - DWW17N

In completing the form, use **CAPITAL LETTERS**. Write clearly and accurately within the boxes. DO NOT join your writing.

A - Owner Details:

Please make sure to enter a correspondence address as when your form is processed a certificate of registration will be posted to this address. Please note the Eircode must be provided.

For the purposes of this application form, "company" includes public bodies, partnerships, trusts and all other nonindividuals who are owners of premises connected to domestic waste water treatment systems. If you represent a company, please enter the Company Name and contact name for the company. If the premises is jointly owned, please provide details of one owner only.

B - Security Question:

The security question is designed to protect the information provided by you and it may be requested in the future to verify your identity.

C - Domestic Wastewater Treatment System to be Registered:

This is the address of the premises that is connected to the domestic wastewater treatment system being registered.

Eircode: This is required and must be provided.

Your Eircode can be found by visiting www.Eircode.ie or by contacting your local Post Office.

Water Services Authority: This is the local authority in which the property you are registering is located.

D - Application & Signature:

The application form must be signed and dated by the owner (or one owner if premises jointly owned) of the premises or by his/ her authorised agent and dated when signed.

E - Payment Details:

The registration fee is €50 per system to be registered.

General Notes:

Before sending the form please ensure that you have included the following information:

- ✓ Owner name and correspondence address.
- ✓ Details of premises to be registered.
- ✓ Water Services Authority / Local Authority.
- ✓ Eircode.
- ✓ You have signed and dated the application in Section D.
- ✓ You have enclosed the correct payment or have provided the payment details in Section E.
- ✓ Please ensure all loose sheets are stapled together.

On Successful processing of registration a Certificate of Registration will be posted to you.

THE ABOVE INFORMATION IS REQUIRED TO PROCESS YOUR FORM. INCOMPLETE FORMS WILL BE RETURNED TO YOU.

Please Post completed form to: **Protect Our Water, PO Box 12204, Dublin 8**
Alternatively to Register Online go to www.protectourwater.ie.

If you require assistance please email support@protectourwater.ie
or call **00 353-1-6438484** (Between 10:00 and 14:00 Monday to Friday).

Registration data will be used only as permitted under the Privacy statement governing
the registration of domestic wastewater treatment systems.