

# Water Supplies from CIT Pipemains

Standard Terms of Supply



Form - G1  
2024 / 2025

## Purchaser/s Details

Owner Name/s (as per land title): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Property Description

Property Title - Volume				
Property Title - Folio				
Section / Lot				

Being the Owner/Lessee of the above land to which a water service has been supplied in accordance with the Trusts powers under Sections 23 (1) and 27 (1) of the Irrigation Act 2009, and on behalf of myself/ourselves, employees, guests, representatives or assigns, agree and acknowledge:-

1. That the water supplied from CIT is untreated River Murray water which is **not safe for human consumption** or **Not-Potable**.
2. That I/We will notify any employees, guests, representatives or assigns that the water is **not safe for human consumption** or **Not-Potable**.
3. That CIT's water supply under your care shall remain totally independent of all other potable and non potable water supplies and that no cross contamination is acceptable to either system. Any introduced chemicals or additives (i.e. fertiliser, etc) shall not return to the original supply or any other supplying water system.
4. That I/We will indemnify Central Irrigation Pty Ltd ACN 075 446 810 and \_\_\_\_\_ Irrigation Trust Inc. against any claim made on account of any illness or medical condition arising from water supplied by the service due to being informed that this water is **Not-Potable**.

## Purchaser Signature/s (all registered owners to sign)

Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____

## In the presence of Witness

*The witness is to have either known the person for at least one year or have taken steps to verify their identity such as viewing their signature on a current driver's licence. If the signature is electronic, the Witness is to take reasonable steps to verify identity.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

CIT Account #:

Processed by:

Date:

**CENTRAL IRRIGATION TRUST** - Trustee: Central Irrigation Pty. Ltd. ACN 075 446 810

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