



DWW12N

A. Owner Details (See Note A) **PLEASE USE BLOCK CAPITAL LETTERS**

First Name Surname

Company Name (If Applicable)

Company Contact:

First Name Surname

Phone No

Mobile No

Email Address

Correspondence Address

County

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 (inc email address) may be used to issue a receipt & a certificate of registration*

B. SECURITY QUESTION - Please Choose one question (See Note B) **PLEASE USE BLOCK CAPITAL LETTERS**

- (a) What is your Mother's maiden name?
- (b) Where were you born?

Answer

FOR OFFICE USE ONLY

| | | |
|-----------------------------|-----------------------------------|--------------------|
| DW Account Ref Code: | DW BUREAU STAMP & DATE | LOG NUMBER: |
| Payment Code ID: | | |



C. Domestic Wastewater Treatment System to be registered- PLEASE USE BLOCK CAPITAL LETTERS

Domestic Wastewater Treatment System 1

Section 1

If address to be registered is same as correspondence address tick this box & proceed to section 2

Address

Section 2

Town/
Townland

County

Water Services
Authority
(Local Authority)

MPRN (Meter Point Reference no) I do not have / wish
to provide an MPRN

The MPRN which is found on your electricity bill, is requested so as to avoid confusion between properties with similar addresses.

Domestic Wastewater Treatment System 2

Address

Town/
Townland

County

Water Services
Authority
(Local Authority)

MPRN (Meter Point Reference no) I do not have / wish
to provide an MPRN

The MPRN which is found on your electricity bill, is requested so as to avoid confusion between properties with similar addresses.

**D. APPLICATION & SIGNATURE (See Note D) - I hereby apply to have the domestic wastewater treatment system(s) at the above
addresse(s) registered.**

Owner/Agent Signature

Date



E. PAYMENT DETAILS - Payment must be in EURO (See note E)

Cheques, Bank Drafts or Postal Orders should be sent with your form to Protect Our Water, PO Box 12204, Dublin 7.

Cheque or Bank Draft Payment **Payable to "Protect Our Water"**

Cheque Bank Draft

Cheque Number

Bank Sort Code

Amount €

Postal Order Payment **Payable to "Protect Our Water"**

Postal Order Number

Amount €

Card Payment

Visa Mastercard Laser

Card Number

Expiry Date

Cardholder Name

Cardholder Signature

Amount €

Cash Payment

| FOR OFFICE USE ONLY | |
|----------------------|----------------------|
| RECEIPT #: | BATCH #: |
| <input type="text"/> | <input type="text"/> |



Notes for Completion of Domestic WasteWater Treatment Systems Registration Form - DWW12N

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.

For the purposes of this application form, "company" includes public bodies, partnerships, trusts and all other non-individuals 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.

Town/Townland

Please indicate the Town/Townland the premises is located in.

Meter Point reference Number (MPRN)

The Meter Point Reference Number (MPRN) is a unique number assigned to every property connected to an electricity supply. Use of the number eliminates the possibility of confusing one property with another. If you provide the number, it may help you confirm that the domestic waste water treatment system serving your particular property is in fact registered. In the absence of an individual identifier, it may not be possible to differentiate between individual properties with similar addresses. The MPRN can be found on the electricity bill for the dwelling. In the absence of a bill, the MPRN may be printed in the electricity meter box.

D - APPLICATION & SIGNATURE:

The application form must be signed 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 € 5 for the first 3 months from the launch of the registration system, thereafter it will be € 50

GENERAL NOTES:

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

- o Owner name and correspondence address
- o Details of premises to be registered
- o Water Services Authority / Local Authority
- o MPRN (if applicable)
- o Town/Townland
- o You have signed and dated the Application
- o You have enclosed the correct payment or have provided the payment details in Section E
- o Please ensure all loose sheets are stapled together
- o 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 7

NOTE: Alternatively to Register Online go to www.protectourwater.ie

Payments can be made in your County/City Council office.

If you require assistance please call 1890800800 or email support@protectourwater.ie

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