

Caravan Park Tariff Compensation Application Form

Please read the Caravan Park Tariff Compensation Application Terms and Conditions before signing this form. Complete and return this application form by email karratha@horizonpower.com.au, fax (08) 9159 7288 or post to **Horizon Power Compensation Program, PO Box 817, Karratha, WA 6714.**

Part A - To be completed by all caravan parks (with or without sub meters) wishing to claim compensation.

Applicant Details

Horizon Power account number	<input type="text"/>
Account Name	<input type="text"/>
Trading name (If trading from account name)	<input type="text"/>
ABN	<input type="text"/>
Address of property	<input type="text"/>
Mailing address	<input type="text"/>
Name of contact person	<input type="text"/>
Position in park	<input type="text"/>
Contact work number	<input type="text"/>
Mobile number	<input type="text"/>
Fax number	<input type="text"/>
Claim is for the period	from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total no. of days claimed during the period above	<input type="text"/>
Total no. of occupied permanent resident dwellings claimed	<input type="text"/>

Applicant Declaration

The compensation claimed is for permanent park residents whose principal place of residence is the above named caravan park and is in accordance with the terms and conditions of the Power Price Equity Scheme and the Caravan Park Tariff Compensation Terms and Conditions.

By signing and lodging this Compensation Application Form the Applicant and the individual that signs below, certify that this application is true and correct in every material particular and acknowledge that:

- Applications that contain fraudulent claims or misrepresentation will be referred to the appropriate legal authority or government agency.

- Horizon Power reserves the right to suspend the Applicant from this Compensation Program for up to six months where, in Horizon Power's reasonable opinion, claims are found not to be in full compliance with the Terms & Conditions.
- By signing and lodging this Application Form the Applicant will cooperate and facilitate in any audit required to support this Compensation Program.
- Submission of the Application Form implies that the caravan park agrees to full participation and cooperation in any audit.

For and on behalf of the applicant, I have read, understood and accept the terms and conditions.

First name and surname	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

