

# **Victorian Service and Installation Rules**

# **Exceptional Circumstances Request Form**

APPLICANT'S DETAILS -		
Date of application	Phone number	
Email		
Company name (if applicable)		
Address		

INSTALLATION ADDRESS		
Owner's name		
Company name (if applicable)		
Address		

VICTORIAN SERVICE AND INSTALLATION RULES	
Section number	
or Clause	
number	
requiring	
exceptional	
circumstances	
consideration	

### REASON FOR EXCEPTIONAL CIRCUMSTANCES CONSIDERATION

Additional information can be attached to this application. This includes drawings, maps, photos, Plans of Subdivision etc

#### OWNER, OCCUPIER OR CONTROLLING BODY'S AGREEMENT

I, the owner, occupier or controlling body of the premises where the work has been or is intended to be carried out,
understand and agree to the exceptional circumstance's consideration requested.

Name	
Signature	
Date	

### PLEASE RETURN THIS FORM TO:

The relevent Distributor.who's Contact information can be found at www.victoriansir.org.au

For Distributor Use Only	
VSIR Exceptional Circumstances Reference No	
Supply Address	
Date VSIR Exceptional Circumstances reviewed on	
Exceptional Circumstances VSIR Exceptional Circumstances Status	
Exceptional Circumstances reviewed by	
Authorised person Name & Signature	
Additional Information (if required)	