

TV Reception Program Application Form

May 2021



Please read the program brochure before you fill out this form. Do not fill out this form if you already have a VAST box that you would like to be reimbursed for. Please contact us to discuss this further. Please email completed forms to info@bialawindfarm.com

APPLICANT DETAILS (If you're residence is co-owned, please ensure both owners sign on page two.)

First name Last name

Phone (mobile preferred) Email

Residential address

Postal address (if different from above)

Lot / DP number (check your council rates notice)

Please tick which applies to you:

- I am the owner of this residence.
 I am a tenant renting this residence.
 Other

If you are a tenant, please attach landlord permission (please complete page three of the application form with your landlord).

YOUR TV RECEPTION

Please tick the box most applicable to you:

- I have noticed a deterioration in my TV reception since the Biala wind turbines were erected.
 I already had poor TV reception before the Biala wind turbines were erected.
 My TV reception is okay. I would still like to take part in the program.

VAST BOXES

Do you already have one or more VAST boxes? Yes No Not sure

PREFERRED TIME

What is your preferred day and time for our TV technician to contact you by phone?

ACKNOWLEDGEMENTS

By signing and returning this form, you acknowledge and agree that:

1. our TV technician will attend your house and perform works on your TV aerial (which may include the installation of a new standard sized aerial) and/or installation of a satellite and one or two VAST boxes, including associated cabling, at our cost;
2. we will share the information on this form (including your personal information) with our TV technician and our community engagement consultant, OPF Consulting;
3. implementation of the TV Reception Program at your house will generally occur within one month of you signing this form, however there may be circumstances where the works take longer to complete (for example if you do not provide access to your house within this timeframe or there are high numbers of people accessing the program at the same time) and you agree to any such extended timeframes;
4. implementation of the TV Reception Program in respect of your house fully satisfies all of Biala Wind Farm's obligations to make good any disruption to your TV reception under Condition 32 of Schedule 3 of Biala Wind Farm's Development Consent and you will not request any further assistance in this regard;
5. the information you have provided on this form is accurate; and
6. any dispute about the measures to be implemented under the TV Reception Program may be referred by either party to the Secretary of the Department of Planning, Industry and Environment for resolution.

CHECKLIST

- My house is inside the eligibility area shown on the program brochure.
- I have provided my contact details so that the TV technician can contact me.
- If I am a tenant, I have completed/attached a letter of consent from my landlord.

Full name (owner/tenant 1)

Applicant signature

Date

Full name (owner/tenant 2 if applicable)

Applicant signature

Date

¹The Biala Wind Farm Development Consent can be accessed here - www.planningportal.nsw.gov.au/major-projects/project/3311.

LANDLORD CONSENT FORM

If you are a tenant in the house which is the subject of your TV program application, please have your landlord fill out and sign the form below.

If you are not a tenant, there is no need to fill out this part of the form.

I/We _____, am/are the owner/s of the property located at
Insert name of landlord/s
_____, currently rented by _____.
insert address of property insert name of tenant/s

I/We acknowledge and agree to the terms and conditions of the Biala Wind Farm TV Program set out in the TV Reception Program Application Form and consent to my property being part of the program, including the modification or installation of a TV aerial and/or installation of one or two VAST boxes and associated satellite dishes and cabling.

Landlord 1

_____ Full name	_____ Signature	_____ Date
_____ Email	_____ Phone number	

Landlord 2 (if applicable)

_____ Full name	_____ Signature	_____ Date
_____ Email	_____ Phone number	