

THE REPUBLIC OF UGANDA
THE WATER ACT (Cap. 152)
The Water Resources Regulations, 1998

APPLICATION FOR AN EASEMENT**FORM G1***To be completed in triplicate (3)*

Complete this form only if you have been unable to agree with a neighbour upon an easement over his/her land.

1.- NAMES AND ADDRESSES

Name of Individual/Association/Company/Public Authority* _____

Physical Address: _____

Telephone: _____

Designation: _____

Acting for Company/Ownership/Cooperative Society/Public Corporation* _____

Postal address (if different from above): _____ Town: _____

District: _____

Main Activity: _____

* *Delete what is not applicable***2.- LOCATION OF LAND**

Name of land owner which will benefit from the easement: _____

Address of that owner: _____

District: _____

Property regime of land:

 Bonafide occupant Mailo Customary Leasehold Freehold

If leasehold, indicate: Volume _____ Folio No _____

If Mailo or Freehold indicate: Block _____ Plot No _____

Location of land over which the easement is sought: _____

District: _____ Area of that land _____ (in

Hectares)

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Select the source of water from or to which you wish to take water:

- () River () Lake () Channel () Dam
- () Stream () Lagoon () Ditch () Dry
river bed
- () Swamp () Wetland () Borehole () Dug
well
- () Spring () Other. Specify: _____

Common name of the source of water: _____

Specific point where the water is

or will be taken: _____

Side of the water uptake (when applicable): () Right Bank () Left
Bank

District where the water uptake is located (when applicable): _____

Give details of any water permit you hold to take water from this source: _____

(Attach a topographic map 1:50,000, indicating location of the intake works, the layout of the works, land which will benefit from the easement, land over which easement is sought).

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Basin: _____ Catchment: _____

National Grid Reference of point of water uptake: Long: _____ Lat.: _____

4.- EASEMENT

Why do you require the easement? _____

What form will the easement take? (e.g right-of-way, to construct a pipeline or channel): _____

What works, if any, do you want to construct on that land?: _____

For how long would you want the easement?: _____

5.- PEOPLE AFFECTED

Give the certificate of title number for the land over which the easement is sought.: _____

Give the names and addresses of all people whom you know can claim an interest in that land.:

Which of these people have refused to grant you an easement?: _____

(Please enclose copies of any relevant correspondence)

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Please list all maps, plans or other documents enclosed with this application.

DECLARATION OF THE APPLICANT

I certify that the information provided in this form is correct to the best of my knowledge. I also agree that no decision will be made pursuant to this application until I receive a notification from the Director of Water Development that I have provided all the necessary information.

Signature of applicant**Seal/Stamp**

Full names _____

Date: _____

NOTE

When you have completed this form and the appropriate attachments, you must attach CASH or CHEQUE for Ushs.....for processing the application and send them to:

The Director
Directorate of Water Development
P.O. Box 20026
Kampala

The Director may require you to advertise this application at your cost in a way specified by the Director.

OFFICIAL USE ONLY**RECEPTION DATE: (D)___(M)___(Y)___****APPLICATION NUMBER: _____**