

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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APPLICATION FOR AN EASEMENT**FORM G1***To be completed in triplicate (3)***3.- SOURCE OF WATER**

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: _____**