



OFFICE USE ONLY

Date Received _____

Ref No. _____

APPLICATION FOR CONNECTION TO WATER SUPPLY

(Blanks not to be photocopied. Print direct from Intranet)

Applicant/Owner _____

Property Description _____

House No. _____ **Lot No/DP** _____ **Street** _____

Phone Number(s) _____

TYPE OF WATER SERVICE

Filtered Water Number of meters required _____ Size _____ (20mm std)

Raw Water Number of meters required _____ Size _____ (20mm std)

SKETCH OF PREFERRED LOCATION

Note: Technical Services Department will advise if location is not suitable

Signature of Applicant _____ Date: _____

OFFICE USE ONLY

DA/CC No.	Date Paid	Receipt No.	Amount Paid
PRV	TRIM	Date Installed	Meter Number
Field Work and Site Clean-up Completed			
_____ (Plumber/Overseer)			