



APPLICATION FOR WATER SUPPLY RECONNECTION

Owner Details:

Owners full name:	
Postal Address:	
Phone Number - Business hours:	Home:

Property Details:

Lot:	Section:	Deposited Plan:
Street Number:	Street Name:	
Town:	Shire:	

Service Details:

Single Dwelling:	<input type="checkbox"/>	Bedrooms:
Multiple Dwelling:	<input type="checkbox"/>	Number of Dwellings: Bedrooms:

Owners Declaration: (must be completed by the current owner) *

I, being the owner of the premises referred to above, hereby authorise the carrying out of the works applied for as above, and I acknowledge that:

- ♦ If rural, Council's Rural Service conditions will apply.

Name: _____ Date: _____

Signature: _____

*** Please note: Unless this declaration is completed the application will not be processed.**

Office use only

Date received:	Reconnection fee - Amount \$
Headworks charge: No <input type="checkbox"/>	Yes <input type="checkbox"/>
Date paid:	Receipt Number:
Job Number:	Account Number:
Reconnection Date:	Meter Number:
Meter particulars on computer - Date:	