

ATHERTON SHIRE COUNCIL APPLICATION FOR WATER SERVICE

Please indicate the service required by ticking the box below:

- New Service
- Dis-connection
- Re-connection

PROPERTY NO.:	
OWNER'S NAME:	
LOCATION OF CONNECTION:	Telephone No.
PROPERTY DESCRIPTION:	

I desire to have a water service **CONNECTED/QUOTE** to my premises described above, and request you to attend to the matter of the above service from your main to my property line. I understand that the cost of the work will be payable by me. I agree to pay full water rates and charges from the date of connection, and any alterations and/or repairs required by me to this service.

Signature: * _____

Postal Address: _____

RECEIPT NO.:	DATE: / /	AMOUNT: \$
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OFFICE USE ONLY	
MEMBER NO.:	PRICE OF QUOTE:
DATE CONNECTED:	DATE OF QUOTE:
READING: (if applicable)	
NO OF DIALS:	