

APPLICATION TO DOWNSIZE WATER METER

(Subject to suitability of existing service & Approval by Council Engineering Department)



PROPERTY OWNER TO COMPLETE THIS SECTION:

NAME: _____

POSTAL ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

SIGNATURE: _____ DATE: / /2009

METER TO BE REMOVED:

ADDRESS WHERE METER IS LOCATED: _____

ASSESSMENT NO: _____

METER NO: _____ SIZE: mm

REQUIRED REPLACEMENT METER: SIZE: mm

PHYSICAL LOCATION OF METER: _____

OFFICE USE ONLY:

APPLICATION APPROVED:

APPLICATION DENIED:

REASON:

Authorising Engineer

DATE:

FINAL READING REMOVED METER: kl

REPLACEMENT METER: NO:

SIZE: mm READING: kl

PHYSICAL LOCATION OF METER:

INSTALLED BY:

HOURS WORKED:

PLANT NO: HOURS:

MATERIALS USED:

APPLICANT ADVISED OF DECISION

SERVICE CODES UPDATED:

DATE:

DATE: