# Sewer Connection Application form

**Clutha**
**District Council**

Applicant's name:

Property owner:

Contact name for enquiries:

Contact number:

Postal address:

Valuation number: Area (Ha):

Farm/Company name:

Property address:

Legal description:

Name of sewer scheme:

Application details: New ☐ Replacement ☐

Work required:

Drainlayer's name:

Drainlayer's address:

***Please note this application is only complete on payment of the required fee***

**Signature:** **Date:**

## *Office use only*

Application number: Received by: Date received:

Payment received: Application Fees Sewer $ Financial Contributions Fees Sewer $ Installation Costs $

Receipt number: Received by: Amount receipted: $

Date service request sent to contractor: Service request number:

Date quotation sent to applicant:

Copy to Rates Officer: Date:

Drawn on As-built plan: Date:

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