

Appendix B – Water Connection
Application Form

Clutha
District Council



Applicant's name:

Property owner:

Contact name:

Contact number:

Postal address:

Valuation number:

Area (Ha):

Farm/Company name:

Property address:

Legal description:

Name of water supply:

Application details:

Work required: New connection Water meter Restrictor change

Restricted supply: Yes No Number of units required (if restricted):

Tank number 1:

Tank number 2:

Tank number 3:

Contractor's name:

Contractor'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 Water

\$

Financial Contributions Fees Water

\$

Installation Costs \$

Receipt number:

Received by:

Amount received: \$

Date service request sent to contractor:

Service request number:

Date quotation sent to applicant:

Copy to Rates Officer:

Date:

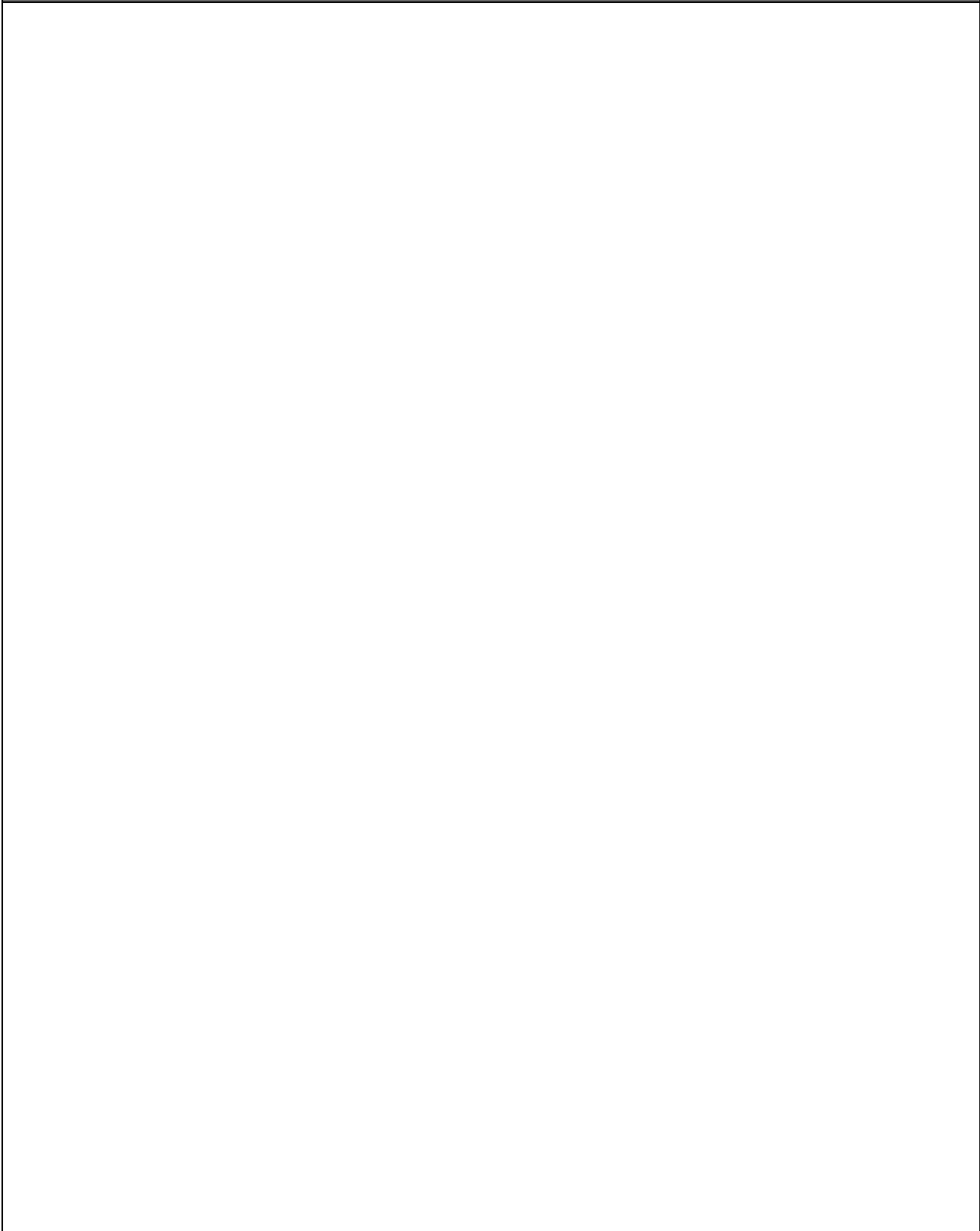
Drawn on As-built plan:

Date:

Clutha District Council, 1 Rosebank Terrace, PO Box 25, Balclutha 9240
P: 03 419 0200; F: 03 418 3185; E: help.desk@cluthadc.govt.nz
www.cluthadc.govt.nz

Appendix B (continued)

DIAGRAM FOR WATER CONNECTION LOCATION
(Show distance from boundaries , driveways etc)



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