Shoalhaven City Council

Shoalhaven Water Group

APPLICATION FOR INFORMATION OR SERVICE – 2009/2010

Administration Centre, Bridge Road, Nowra

• **Telephone (02) 4429 3214** • **Fax (02) 4429 3170** • **Postal: PO Box 42, Nowra 2541**

1 TYPE OF SERVICE REQUIRED

Please tick type of service required – refer to explanatory notes section of this form.

- ☐ Sewer Main Diagram
- ☐ Special Meter Reading
- ☐ Water Pressure Certificate
- ☐ Water Meter Testing Certificate

2 PROPERTY DETAILS

House No. _____ Lot No. _____

Street _____

Locality _____

Dwlng	Factories	Office	Vacant Land	Units
☐	☐	☐	☐	☐

Comments .....

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Privacy Notification – The information requested on this application is being collected by Council for administrative purposes associated with the particular information or service request. The information will be used solely by Council Officers for the purpose mentioned or a directly related purpose. The applicant understands that this information is provided on a voluntary basis and they may apply to Council for access or amendment at any time.

3 APPLICANT'S DETAILS

Name _____

Co / Firm _____

Postal Address _____

Town _____ Post Code _____

Business Telephone _____

Home Telephone _____

Please Note: The information requested will be forwarded to the applicant's address, unless otherwise directed.

4 EXPLANATORY NOTES

This application form has been designed as a multipurpose form. **A fee for each type of service will be charged separately.**

Sewer Main Diagram

Provision of plan showing Council's sewer main & connection point.

Special Water Meter Reading

Council provides up-to-date readings of water usage charges per meter.

Water Pressure Certificate

Provide information of pressure in Council water mains.

Water Meter Testing

To test Council meters for accuracy.

Fees:

Sewer Main Diagram	25466.17910.99999	$31.00
Special Meter Read *(per meter)*	22150.17900.22890	$50.00
Water Pressure Cert.	22150.17900.23340	$192.00*
Water Meter Testing	22150.17900.25638 Costings on Application	

Note: ** Minimum charge for up to 2 hours plus $96.00 per hour thereafter.*

Office Use Only – *Receipt No.* _____

Fee _____ *Date* _____