

Application to Reconnect Water Meter

			Арр	olication No.	
Applicant/Owner D	etails	Date lodged			
Your nar	ne Print name in full				
Postal address	Street or PO				
	Town or Locality			Postcode	
Conta	act Phone			Mobile	
Please read carefu		econnect the water will be in the same I	meter at the propert	ty detailed below	v. The meter is
			turbed surfaces with	in the property v	vll be my
Property Details					
Property addr	ess Lot			Section	
	Deposited Plan				
House No. & Street					
	Town/locality			Postcode	
Signature of owner OR agent acting with authority of the owner				Date	
Owner's name	Print name in full			<u> </u>	
Office Use Only To be referred to the Water & Sewer Services team					
Assessment no.		Meter no		Fee required	\$476.00
Owner advised	/ /	Present reading		Date paid	/ /
Rates advised	/ /	Work completed	/ /	Receipt no.	
				Receipt type	247

BEGA VALLEY SHIRE COUNCIL TEL 02 6499 2222 FAX 02 6499 2200