

Application to Install Water Meter

Please complete this form in **BLOCK LETTERS** and return to:

Coorong District Council PO Box 399 TAILEM BEND SA 5260

Phone: 1300 785 277

ADDITIONAL DETAILS

E-mail: council@coorong.sa.gov.au

Please ensure that this Application Form is completed entirely and all payment is attached to avoid delays in processing your application.

APPLICANT DETAIL	.3		
Name:		Phone:	
Postal Address:			
E-mail:			
FULL SITE ADDRES	S & LAND DETAILS	s	
House No:	Lot No:	Parcel:	
Street:			
Volume:	Folio:	:	
Assessment:			
Owner's Signature: _			
Fee Applicable – Ple	ease refer to the Sch	nedule of Fees and Charges at www.coorong.	sa.gov.au
PAYMENT DETAILS			
Please tick one:	Invoice	Phone Payment* Cheque Inc	cluded 🗌
* Council will contact	applicant upon proce	essing	

OFFICE USE ONLY:					
Receipt Number:	Date:	_ Amount:			
DA Number:	Debtor Number (If applicable):	·			
WATER OFFICER					
Meter Number:	Opening Meter Reading:				
Meter Size:	Location of Meter:				
Date Connected:	Meter Installed By:				
Purchase Order Number:					
I & A Administration Officer					
Date iPad meter reading form updated:					
Notified Rates Officer:	CM	Reference:			