

# CENTRAL TABLELANDS *Water*

PO Box 61 Blayney 2799  
Phone (02) 6391 7200 Fax (02) 6368 2451

## APPLICATION FOR QUOTATION OF WATER SUPPLY CONNECTION

### DETAILS FOR QUOTATION:

#### ***Owner Details:***

Owners Surname/s:	
Owners <b>full</b> Given Names:	
Postal Address:	
Phone Number - Business Hours:	Home:

#### ***Property Details: (please complete fully as shown on the Council Rate Notice)***

Lot:	Section:	Deposited Plan:
Street Number:	Street Name:	
Town:	Shire:	
Area:	County:	Parish:

#### ***Service Details:***

Classification of premises: Domestic <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Rural <input type="checkbox"/> Other <input type="checkbox"/>
Purpose for which water is required:

Signature:	Date:
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***Please complete the site location on reverse of form.  
Council will quote for the connection at the preferred location.***

## **INFORMATION REGARDING WATER SERVICES**

All work executed and all pipes and fittings to be connected to the Council's water supply must be strictly in accordance with the provisions of the Local Government (Water, Sewerage and Drainage) Regulation 1993, as well as complying with both the Water Supply Code and Council's requirements.

A person who is not a licensed water plumber shall not fit, alter or interfere in any way with water pipes and fittings used or intended or adapted to be used on any premises in connection with the supply of the water of the Council.

Provision shall be left in every service for the installation of a water meter and a backflow prevention device. The metering point shall be within the premises, in a convenient and accessible position and as near as practicable to the alignment. The metering point must be kept clear and accessible at all times.

***Connections will not be made until all fees and charges due and arrears of fees and charges have been paid. Additionally, connection will only be made once all connections costs have been paid and an Application form signed by the Owner(s) and a Licensed Plumber.***

**Site location:**

*Please show lot, street and preferred location (mark X) together with nearest cross street.*

**Office Use Only**

**Date received –**

Service Size:	mm	Length:	metres	Connection Cost:
Capital Contribution Charge:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Amount:	
Section 64 Developer Charge:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Amount:	
Quotation Provided:	/	/	<b>Total:</b>	