

# CENTRAL TABLELANDS WATER

PO Box 61 Blayney 2799

Phone (02) 6391 7200 Fax (02) 6368 2451

## APPLICATION FOR WATER SUPPLY RECONNECTION

### Owner Details:

Owners full name:	
Postal Address:	
Phone Number - Business hours:	Home:

### Property Details:

Lot:	Section:	Deposited Plan:
Street Number:	Street Name:	
Town:	Shire:	

### Service Details:

Single Dwelling:	<input type="checkbox"/>	Bedrooms:	
Multiple Dwelling:	<input type="checkbox"/>	Number of Dwellings:	Bedrooms:

### Owners Declaration: (must be completed by the current owner) \*

I, being the owner of the premises referred to above, hereby authorise the carrying out of the works applied for as above, and I acknowledge that:

- ◆ If rural, Council's Rural Service conditions will apply.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**\* Please note: Unless this declaration is completed the application will not be processed.**

### Office use only

Date received:	Reconnection fee - Amount \$
Headworks charge: No <input type="checkbox"/>	Yes <input type="checkbox"/>
Date paid:	Receipt Number:
Job Number:	Account Number:
Reconnection Date:	Meter Number:
Meter particulars on computer - Date:	