

Water Service Application

Local Government Act 1993 Part B, Section 68

Lodge Applications at Ballina Shire Council • 40 Cherry Street • Ballina (Mon-Fri 8.15am to 4.30pm)

mail PO Box 450 Ballina 2478 • **e** council@ballina.nsw.gov.au

t 1300 864 444 • **w** ballina.nsw.gov.au • **abn** 53 929 887 369

Payment is required upon lodgement of application for processing.

All details must be provided. Insufficient details and incomplete forms may result in consideration of the application being held up pending further information, rejected, or refused under Sections 85, 86 & 94 of the Local Government Act 1993.



DA Number

Residential

Commercial

Fire Service

Estimate Required

Applicant Details

Applicant's Name

Postal Address

Phone (h)

Phone (w)

Mobile

Email address

Fax

Plumber's Name

I/we authorise Council to execute the above works. I understand the water meter/s remain the property of Ballina Shire Council and the consumer will be held responsible for any wilful damage, interference or neglect which causes the meter to malfunction.

Applicant's Signature

Date

Property Details

Owners Name

Property Address

Lot No

Deposited Plan No

Diameter of pipe required

Installation Plan / Details

Must be provided for **all** applications. Hydraulic plans **must** be attached to this form for the following:

- any fire service assembly, including fire hose reels
- unit demand of 3 units and greater
- 32mm assemblies or greater

Privacy Protection Notice

The completed Water Service application form contains personal information which is being collected for the purpose of assessing this application. The information will be processed by the Civil Services Group and may be made available to public enquiries under the Government Information (Public Access) Act. The information will be stored in Council's electronic document management system.

Office Use Only

Cashier	Water Staff	Water Billing Officer	Notes to installer:
Estimated Cost \$	Meter No:	Assess No:	
Amount Paid \$	No. of Dials:	Tariff Code:	
Receipt No:	Size:	Customer Type:	
Date Received:	Date Connected:	Walk No:	
Estimate Required: Yes / No	Location:	Sequence No:	
DA No:	Officer:	WBL Officer:	
Date sent to depot:	Backflow required: Yes / No		