



WAIMATE DISTRICT COUNCIL

ASSET MANAGEMENT UNIT

APPLICATION FOR SERVICES

To:
The Asset Manager
Waimate District Council
P O Box 122
WAIMATE 7960

Please use this form for the following

Urban Water Sewer
Rural Water Stormwater

PLEASE NOTE: *This application does not constitute approval to connect to services.
A reply letter will be sent to your mailing address*

DETAILS OF APPLICANT

Applicants Name		_____
Owners Name	(If different from applicant)	_____
Postal Address		_____ _____ _____
Telephone No	Private _____	Work _____ FAX _____

DETAILS OF PROPERTY REQUIRING SERVICE

Property Address	_____ _____ _____
Legal Description	Lot / Section _____ D.P. No _____ Block _____ Survey District _____
Valuation No	_____

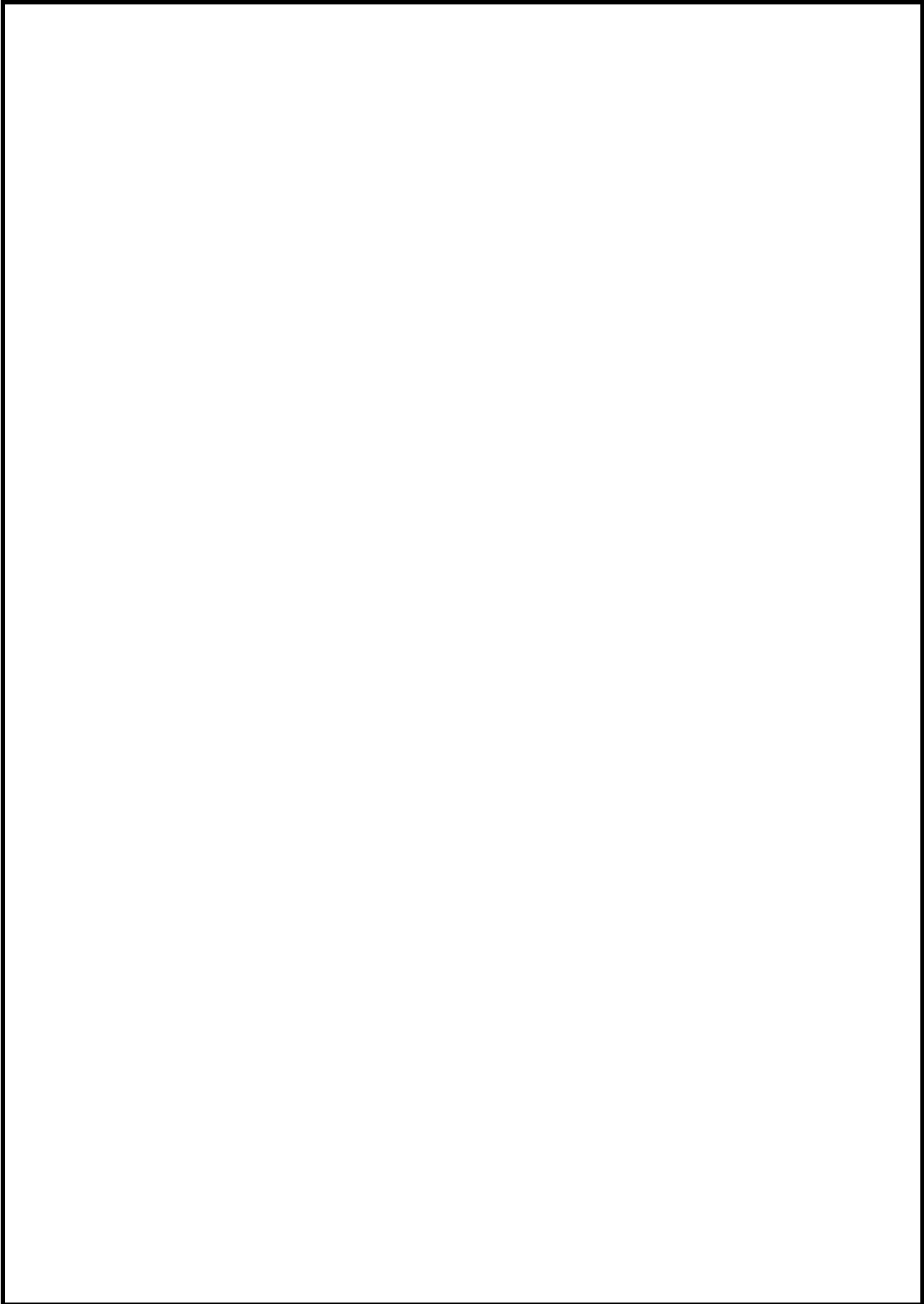
SIGNATURE OF APPLICANT: _____

APPLICATION FEE \$100.00

PAID: _____

DATE: _____

SKETCH PLAN - Please provide a plan or sketch below, showing the desired location of the service(s) requested. Please include distances to boundaries.

A large, empty rectangular box with a black border, intended for a sketch plan. The box is oriented vertically and occupies most of the page below the text.

