



APPLICATION FOR URBAN SERVICES

The Manager
Water & Waste
Waimate District Council
PO Box 122
WAIMATE 7960

SA _____

Please use this for the following: **Urban Water** **Sewer** **Storm Water**

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:	_____
Postal Address:	_____ _____
Email:	_____
Telephone: Home:	_____
Work:	_____
Cell:	_____

DETAILS OF PROPERTY REQUIRING SERVICE

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

Signature of Applicant: _____

Application Fee \$150.00: PAID: _____ DATE _____

BANK Account No: 010-893-0005000-00 Ref: Water

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

APPLICATION FOR WAIMATE URBAN SERVICES

I hereby make an application for approval to connect the following service

Services are required for: **Residential** **Non Residential**

If services are required for Non Residential purposes please provide details

URBAN WATER Diameter of connection required _____mm
20mm is normal for a single dwelling

SEWER Number of Water Closets _____

 Number of Urinals _____

STORMWATER Number of Connections required _____

Contractors Name _____

NOTES:
