



WAIMATE DISTRICT COUNCIL
ASSET MANAGEMENT SERVICES

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 No: 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 \$130.00: PAID: _____ DATE _____

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



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

A large, empty rectangular box with a thin black border, intended for the user to draw a sketch plan showing the location of requested services and 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:
