

WORKS AND SERVICES DIRECTORATE

Disconnection of Water Services

Name:	Additional Information
Address:	
Phone:	
Email:	
Address of Work (Number and Street Name):	*Completion could take up to 15 working days from date of completion.
Email Invoice to: Applicant	This Application Applies to: ☐ Single Title
Work Required to be Carried Out:	☐ Cross Leased
Service Disconnection	☐ Domestic Dwelling
*Disconnection required on: / /	☐ Commercial Property
Plumbers Contact Details: Name:	☐ Fire Protection
Address:	Legal Description of Work Location
Phone:	Lot: DP:
Administration Only: Water Connection Application Number:	WAT// Date:
Invoice Amount: \$	
Entered by: Name:	/ Initial:
Water Tower Actions: Works Order:	Is Connection metered? Yes / No
Name:	Task Emailed □
Date:	Email to Water Tower □

B41a – V2 – 22/11/2017 Page 1 of 1