

## WORKS AND SERVICES DIRECTORATE

## **Disconnection of Water Services**

Applicant's Name / Address / Phone 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 Plumber	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:	Fire Protection
Name:	Legal Description of Work Location
Address:	Lot: DP:
Phone:	
Administration Only: Water Connection Application Number: W	AT/ / 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