



REQUEST TO RELOCATE WATER SERVICE

ACACC03-TMP-008 30/06/2016

ASSESSMENT NO:	METER NO:	DATE:
APPLICANT NAME:		
ADDRESS:		
TELEPHONE:		
PROPERTY ADDRESS:		
RELATIONSHIP TO OWNER:		
REASON FOR RELOCATION:		

SIGNATURE:	Work will be completed within 10 work days
DATE:	from receiving payment of fees.

RELOCATION FEE PAID:			Please tick box required
Service Relocation Less Than One (1) Metre From Existing Position	20mm Service	\$285.00	<input type="checkbox"/>
	25mm Service	\$373.00	<input type="checkbox"/>
	40mm Service	\$552.00	<input type="checkbox"/>
	50mm Service	\$589.00	<input type="checkbox"/>
	> 50mm Service	Quote	<input type="checkbox"/>
Service Relocation Greater Than One (1) Metre From Existing Position	20mm Service	Quote	<input type="checkbox"/>
	25mm Service	Quote	<input type="checkbox"/>
	40mm Service	Quote	<input type="checkbox"/>
	50mm and above	Quote	<input type="checkbox"/>
Lower 20mm/25mm service into non trafficable box		\$234.00	<input type="checkbox"/>
Lower 20mm/25mm service into trafficable box		\$522.40	<input type="checkbox"/>

RECEIPT DETAILS: Receipt No:	Date:	Amount:	Cashier:
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PLEASE NOTE: AQWEST IS ONLY RESPONSIBLE FOR RELOCATING THE METER AND IT IS THE OWNER'S RESPONSIBILITY TO HAVE INTERNAL PLUMBING CONNECTED BACK TO THE METER BY A LICENCED PLUMBER.

THE FOLLOWING INFORMATION MUST BE PROVIDED BEFORE THE APPLICATION WILL BE PROCESSED.

Please indicate on the reverse side of this form:-

- 1] Current Meter position with an "⊙"
- 2] Required meter position with an "X" (ALSO PLACE A PEG ON SITE)