



WATER SERVICE DISCONNECTION REQUEST

ACACC-04-TMP001 30/06/2016

I hereby make application for the water service at the location below to be disconnected.

ASSESSMENT NO:	METER NO:	DATE:
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APPLICANT:	TELEPHONE:
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ADDRESS:

RELATIONSHIP TO OWNER:

LOCATION:

SIGN:

DISCONNECTION FEE PAID:	<input type="checkbox"/> (20mm = \$154.00)	\$ _____
	<input type="checkbox"/> (25mm = \$164.00)	\$ _____
	<input type="checkbox"/> (40mm = \$191.00)	\$ _____
	<input type="checkbox"/> (50mm = \$219.00)	\$ _____
	<input type="checkbox"/> (> 50mm = quote)	\$ _____

RECEIPT DETAILS:

WORK COMPLETED:

WORKS SUPERVISOR:
