



Meter Test Application Form

ACACC03-TMP-006

Date Approved: 29/08/2018

Applicant:			Assessment Number:	
Address:				
Telephone:	Mobile:	Home:		
(A contact number is mandatory)				
E-Mail:				
Meter No:				
Property Address:				
Do You Wish To Be Present At The Time Of Testing:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

I hereby apply for a positive test of the water meter at the above property and agree to pay the fee of \$55.00.

 SIGNATURE

 FULL NAME (Print)

 DATE

Internal Use Only

CSO – Accounts:

Receipt No:	Date:	CSO - Accounts Initials:
-------------	-------	--------------------------

FIELD SERVICES:

Date of Test:	Meter Size:	Model:
Meter reading after (b)	Meter reading before (a)	Difference (b-a)
		= % fast/slow

Meter Condition:

Testing Officer:

ACCOUNTS OFFICER:

Applicant advised of outcome:	Date:	Accounts Officers Initials:
-------------------------------	-------	-----------------------------