



## REQUEST FOR SUB METER

ASSESSMENT NO:	SUB METER NO:	DATE:
APPLICANT NAME: ADDRESS:		
PROPERTY ADDRESS:		
MASTER METER NO:	ASN NO:	
LOCATION CODE: (office use)		

SIGNATURE:	DATE:
------------	-------

RECEIPT DETAILS:			
Sub Meter Receipt No:	Date:	Amount:	Cashier:

**PLEASE NOTE:**

**AQWEST IS ONLY RESPONSIBLE FOR THE MAINTENANCE OF THE SUB METER. PIPEWORK EITHER SIDE IS DEEMED INTERNAL PLUMBING AND IS THE RESPONSIBILITY OF THE OWNER. ANY REPAIRS ON THIS PIPEWORK NEED TO BE CARRIED OUT BY A LICENCED PLUMBER.**

Please indicate on diagram below where the sub meter will be connected on the property.

ROAD

