

Application Form Water Meter Test

Postal Address LMB 7 Inglewood QLD 4387

COMMENTS:

Engineering Services Ph: 07 4671 7449 Fax: 07 4671 7433

Internet/Email www.grc.qld.gov.au mail@grc.qld.gov.au

Applicants shall make themselves familiar with Council's Cost Recovery Fees & Commercial Charges; and Water Meter Testing Policy which are available by contacting Goondiwindi Regional Council or on Council's website at www.grc.qld.gov.au

-	-		Property Owner Details:									
•	Company Name (if applicable):											
☐ Mr [Ms Miss										
Given Name/s:						Surnam	ne:					
Postal a	ddress:											
Email:						Contact Number:						
Prope	rty Deta	ils:										
Street Number:			Street Name:	Town:				Town:				
Lot:			Plan:									
Meter #:			Meter Size:	☐ 20mm	n	n 🗌 32n	nm [] 40mm	☐ 50mm ☐ Other			
•	ereby requ A test wi If the me If the me	ill be made on seter is proven to eter is found to	ter meter at the site in the prese	nce of the its registra	customer if tion, the de eter will be f	requested posit is fo itted and t	d; rfeited the dep	to Goon oosit refu				
Signature of Property Owner:								Da	ate:			
Office Us	se Only:											
Fee: \$		Date:		Receipt #:			Name:					