



Application Form Water Meter Disconnection

Postal Address
LMB 7
Inglewood QLD 4387

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

<p>1. Description of land</p> <p>The description must identify all land the subject of the application.</p> <p>The lot & plan details (eg. SP / RP) are shown on title documents or a rates notice.</p> <p>If the plan is not registered by title, provide previous lot and plan details.</p>	<p>Street address <i>(Include no., street, suburb/locality & postcode)</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">Postcode</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Lot & plan details <i>(If known)</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 2px;">Shop / tenancy no. <i>(If applicable)</i></td> <td style="width: 33%; border: 1px solid black; padding: 2px;">Storey / level <i>(If applicable)</i></td> <td style="width: 33%; border: 1px solid black; padding: 2px;">Local Government Area</td> </tr> </table>	Shop / tenancy no. <i>(If applicable)</i>	Storey / level <i>(If applicable)</i>	Local Government Area			
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<p>2. Consent of Land Owner/s</p> <p>Completion of this section provides the owner to give consent for this service to be proved on the above mentioned land.</p>	<p>Name</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Signature Date</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Contact Details</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
<p>3. Applicant Details</p> <p>The applicant need not be the owner of the land eg Developer, Plumber etc</p>	<p>Name</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Contact Person Email Address</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 2px;">Phone Number</td> <td style="width: 33%; border: 1px solid black; padding: 2px;">Mobile Number</td> <td style="width: 33%; border: 1px solid black; padding: 2px;">Fax Number</td> </tr> </table> <p>Address</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">Postcode</p> <p>Signature Date</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Phone Number	Mobile Number	Fax Number			
Phone Number	Mobile Number	Fax Number					
OFFICE USE ONLY							
Meter Details	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Meter No:</td> <td style="width: 33%;">Reading:</td> <td style="width: 33%;">Date:</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Meter No:	Reading:	Date:			
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Payment Options	<p>Please present this application and payment at Council's Customer Service Office either by:</p> <p><input type="checkbox"/> Cheque</p> <p><input type="checkbox"/> Credit Card</p> <p><input type="checkbox"/> Cash</p>						

Office Use Only:

Fee: \$ Date: Receipt #: Name: