



Lithgow City Council

180 Mort Street

PO Box 19

LITHGOW NSW 2790

Ph; 02 63549999 Fax 02 63514259

Email: Council@lithgow.nsw.gov.au

ABN: 59 986 092 492

WATER SERVICE CONNECTION APPLICATION

Application for Water Service Connection to Council's Water Supply.

(BLOCK LETTERS PLEASE)

APPLICANTS NAME: _____

ADDRESS: _____

TELEPHONE: _____

OWNER/S NAME: _____

PLUMBERS NAME/LICENCE NO: _____

PROPERTY DETAILS

ADDRESS: _____

LOT NO/DP/PORTION, ETC: _____

WATER SERVICE CONNECTION DETAILS

SIZE OF WATER SERVICE CONNECTION: _____

DATE CONNECTION REQUIRED: _____/_____/_____

***** Attach a site plan indicating the LOCATION OF THE WATER SERVICE CONNECTION *****

APPLICATION MUST BE MADE PRIOR TO ANY WATER CONNECTION ON THE PROPERTY

SIGNATURE: _____ DATE: _____/_____/_____

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.

FOR OFFICE USE ONLY

FEE PAID \$ _____

PROPERTY NO: _____

RECEIPT NO: _____

WATER METER NO: _____

DATE: _____

Maintained by Dept:	Finance	Effective Date: September 2011	Review Date: September 2012
Version: 1			



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WOC NUMBER: _____

APPLICATION FOR WORK AT OWNERS COST PAYMENT AUTHORITY

APPLICANTS NAME: _____

ADDRESS: _____

TELEPHONE: _____ MOBILE: _____

As the applicant of this request for a Work at Owners Cost (WOC), I acknowledge that I am the person/company responsible for the payment of invoices issued for work requested and/or store items issued.

NAME: _____ SIGNATURE: _____

POSITION HELD: _____ DATE: ____/____/____

PROPERTY DETAILS

OWNERS NAME: _____

ADDRESS: _____

LOT/SECTION/DP: _____ PROPERTY NO: _____

DEVELOPER/CONTRACTOR DETAILS

COMPANY NAME: _____ NAME OF PERSON: _____

ADDRESS: _____

TELEPHONE: _____ MOBILE: _____

DESCRIPTION OF WORKS

NATURE OF WOC General
(Tick appropriate box) Sewerage
 Water (Complete Water Service Connection Application Overleaf)

FOR OFFICE USE ONLY

FEE PAID \$ _____ ACCOUNT NO: _____

RECEIPT NO: _____ WATER METER NO: _____

DATE: _____

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T:Forms/Finance/Work At Owners Cost Payment Authority/Version1