

**Administration Building:** 180 Mort Street Lithgow  
**Postal Address:** PO Box 19 Lithgow NSW 2790  
**Phone:** (02) 63549999  
**Fax:** (02) 63514259  
**Email:** [council@lithgow.nsw.gov.au](mailto:council@lithgow.nsw.gov.au)  
**Web:** [www.lithgow.nsw.gov.au](http://www.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 2015
Version: 2			

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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**

(Tick appropriate box)  General  
 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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