



APPLICATION TO CONNECT TO WATER AND SEWER

PO Box 102
FOSTER VIC 3960
Ph 03 5682 0415
Fax 03 5682 0434

BOOKING REQUEST	
Date Required Time	
Sewer Cut In <input type="checkbox"/>	Water Tapping <input type="checkbox"/>
Wednesday or Thursday - Minimum 24 hours Notice	
WATER	
<input type="checkbox"/>	Water Tapping for Building
<input type="checkbox"/>	Water Tapping for Land
<input type="checkbox"/>	Fire Service
<input type="checkbox"/>	Meter Only
<input type="checkbox"/>	BACKFLOW HIGH MEDIUM LOW
Tapping Size Fire Service Size	
No of Meters	
SEWER	
<input type="checkbox"/>	Connect New Building to Sewer
<input type="checkbox"/>	Connect Existing Building
<input type="checkbox"/>	Alter Existing Plumbing
<input type="checkbox"/>	Disconnect / Seal Sewer Service
<input type="checkbox"/>	Sewer Cut In
<input type="checkbox"/>	No. Of Cisterns
PLAN REQUIRED YES NO	
TRADE WASTE	
Is it proposed to discharge Trade Waste to Sewer?	
Yes	No
If YES separate application must be made.	
ROAD OPENING PERMIT	
Any person who intends to open or break up any street surface for the purpose of laying pipe is required to obtain prior approval from the Municipal Council.	

OFFICE USE ONLY			
Probus No			
PIC Number			
Water Connection		Sewer Connection	
Water Seal		Sewer Cut In	
Meter Only		Sewer Seal	
Fire Service		Outfall	
Headworks		Total	
Receipt No		Date	
PROPERTY DETAILS			
STREET NO.		LOT NO.	
L.P./P.S. NO		C.A. NO.	
STREET			
TOWN		POST CODE	
TYPE OF OCCUPANCY			
HOUSE		SHOP	
UNIT DEVELOP.		INDUSTRIAL	
RURAL OR OTHER (must have requirement for backflow assessed prior to tapping)			
ALL APPLICATIONS MUST INCLUDE A SITE & FLOOR PLAN			
PROPERTY OWNER			
OWNER / AGENT			
SIGNATURE			
POSTAL ADDRESS			
POST CODE			
CONTACT PHONE NO.			
PLUMBER INFORMATION			
PLUMBER LICENCE NO.			
PLUMBER NAME			
ADDRESS			
POST CODE			
MOBILE NO.			
FAX NO.			
PLUMBER SIGNATURE			

Method of Payment	Cash	Cheque	Credit Card	Total \$ _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Expiry Date: ____ / ____
Signature: _____		Card Holders Name: _____		