

APPLICATION TO CONNECT TO WATER AND SEWER



PO Box 102, Foster VIC 3960
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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 – owner responsible for excavation
<input type="checkbox"/>	No. Of Cisterns
ASSET PLAN REQUIRED YES NO	
TRADE WASTE	
Is it proposed to discharge Trade Waste to Sewer?	
Yes	No
If YES separate application must be made.	
DEVELOPMENT COMPLETION TIME	
This development will be completed on	

OFFICE USE ONLY			
Probus No			
PIC Number			
Water Connection		Sewer Connection	
Water Seal		Sewer Cut In	
Meter Only		Sewer Seal	
Fire Service		NCC - Sewer	
NCC - Water		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			
EMAIL / PHONE NO.:			
PLUMBER INFORMATION			
PLUMBER LICENCE NO.			
PLUMBER NAME			
ADDRESS			
POST CODE			
MOBILE NO.			
FAX / EMAIL			
PLUMBER SIGNATURE			

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