



WAIROA DISTRICT COUNCIL  
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## APPLICATION FOR FINAL WATER READING

ACCOUNT NO.: \_\_\_\_\_ DATE TO BE READ: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AUTHORISATION

FINANCE: \_\_\_\_\_ DATE: \_\_\_\_\_

ENGINEER: \_\_\_\_\_ DATE: \_\_\_\_\_

METER NO.: \_\_\_\_\_

METER LOCATION: \_\_\_\_\_

PREVIOUS READING: \_\_\_\_\_ FINAL READING: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SERVICEMAN'S SIGNATURE: \_\_\_\_\_

NOTES FOR SERVICEMAN: \_\_\_\_\_  
\_\_\_\_\_

**DISCONNECTION: YES / NO**