



WAIROA DISTRICT COUNCIL  
PO Box 54 Wairoa 4192  
Tel. 06-838-7309 Fax 06-838-8874

## WATER DISCONNECTION FORM

DATE TO BE DISCONNECTED: \_\_\_\_\_

### CONSUMER DETAILS

ACCOUNT NUMBER: \_\_\_\_\_

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

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

### AUTHORISATION

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

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

### DETAILS FOR CONTRACTOR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DISCONNECTION CARRIED OUT

Date:	Time:	By:
Meter Reading:		

### OFFICE USE

Meter Book Updated

Date: \_\_\_\_\_ By: \_\_\_\_\_

Consumer Invoiced

Date: \_\_\_\_\_ By: \_\_\_\_\_

Invoice No: \_\_\_\_\_