



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

WATER METER INSTALLATION FORM

CONSUMER DETAILS

NAME: _____

ADDRESS: _____

ACCOUNT NO.: _____

TYPE OF WORK

Meter Removal New Installation Replacement

AUTHORISATION

Works Required: _____

METER DETAILS

	METER REMOVED	METER INSTALLED
Brand name		
Size		
Serial Number		
Reading		
Number of Digits		

DETAILS FOR CONTRACTOR

INSTALLATION CARRIED OUT:

Date: _____ Time: _____ By: _____

OFFICE USE

Meter Book Updated

Date: _____

By: _____