

This form to be given to Consultant (Opus)



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

## APPLICATION FOR RECONNECTION OF WATER SUPPLY

### CONSUMER DETAILS

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

RATING VALUATION NO.: \_\_\_\_\_

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

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

PROPERTY LOCATION: \_\_\_\_\_

I accept all charges for the use of water at the above premises and I hereby agree to comply with the Wairoa District Council water supply bylaws.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### AUTHORISATION

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

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

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

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

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

### FOR OFFICE USE ONLY:

Fees are required, payable prior to reconnection:

Reconnection Fee	\$150.00	_____
Additional fee: (If after 4pm)	\$25.00	_____
Deferred payment form completed:	Yes/No	_____