

## **District Council of Coober Pedy**

"Opal Capital of the World"

PO BOX 425 COOBER PEDY SA 5723 COUNCIL OFFICE (08) 8672 4600 FAX (08) 8672 5699

E-Mail: dccp@cpcouncil.sa.gov.au

## **Application for connection of Water Supply**

The <u>owner</u> hereby makes application to receive from the District Council of Coober Pedy, supply of water to the property stated below.

A connection or special reading fee of \$100.00 will be charged to your first account.

S:\Council\Finance - Public\Customers\2022 - Water Application For Supply Form.pdf

Water notices are issued on a quarterly basis - March, June, September and December.

Please ensure the water meter is accessible during meter reading at the beginning of each quarter.

Owner Details:			
Family Name:	Given Name(s)	:	
Business / Middle Name: _			
Your Date of Birth:/	/ Email:		
Home Phone #:	Mobil	Mobile #:	
Connection Details:			
Property Address:		, Coober Pedy, SA, 5723	
Postal Address:			
Connection date: /			
Connection date/	.,,		
Proof of Identification:			
Council requires two types of	of identification with at least one of the follow	ing:	
Driver's Licence	Passport Birth Certificate		
Signature of Account Hold	er:	Date: / /	
<del>-</del>	ne account holder agrees to all terms and co		
Office Use Only: Date Rece	eived: / / Staff has che	ecked if any outstanding balances exist.	
Assessment #:	Applicant's Payer Code:	ws:	
ν <b>м</b> :	Reading:	Date://	
Completed by:	Signature:	CSR #:	