



PO Box 7584, Cloisters Square, WA 6850
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Water Service Connection Application Form

Owner's Details

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Contact No.	Mobile No.	Email

Property Details

Lot No	<input type="text"/>	Street No	<input type="text"/>
Street Address	<input type="text"/>		
Suburb	Gingin	Post Code	6503

Billing Address (if same as above, leave blank)

Lot No	<input type="text"/>	Street No	<input type="text"/>
Street Address	<input type="text"/>		
Suburb	<input type="text"/>	Post Code	<input type="text"/>

Date Meter Required By

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Applicants signature/s: _____ Date: _____

For Office Use Only			
Customer Ref No:	Date Processed:	Email Confirmation	Yes / No