



FEE \$ 350.00
GST Exempt
1/7/20 - 30/6/21
 Form No. GEN14v19

APPLICATION FOR A WATER METER TEST
Pursuant to the Landscape South Australia Act 2019

Please complete Sections 1 to 3 below. Please note that it is an offence to provide information on this form that is false or misleading.

A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20 000.

1. LICENSEE DETAILS

Licence No: _____

Name: _____

 (full name of licensee as it appears on the licence)

If Body Corporate: ACN: _____

Postal Address: _____

Contact Name: _____ Telephone No: _____

Email Address: _____ Fax: _____

2. PROPERTY / METER DETAILS

Certificate of Title: (Volume and Folio number) _____

Allotment No: _____ Plan No: _____

Section No: _____ Hundred of: _____

Street Address (if known): _____

Meter Number _____

Licensing year (financial year) for which the meter test is requested: _____

For Office Use Only:	Application No	Receipt No	Invoice No	Batch No
Date Received: _____				
Amount Paid: \$ _____				
Area:				

ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION

Please be aware that it is an offence to provide information on this form that is false or misleading.

SECTION 3: SIGNATURE OF THE APPLICANT

NOTE: Each applicant must complete ONE (only) of the following alternatives

I/We declare that the information that has been provided on this application is true and correct.

Note: If signing as a company, two position bearers must sign e.g. Director, Secretary. If only one Director then Sole Director must be stated as position held.

1. Where the applicant is an individual or two or more persons

Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date

2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation

Print Name of authorised person	Position held
Signature	Date
Print Name of authorised person	Position held
Signature	Date

The person(s) duly authorised to sign for and on behalf of:
(print name of company or incorporated association)

3. Where the applicant is a company or an incorporated association and the seal is affixed:

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Signature	Affix Seal Here:	
Print Name		
Position held		Date
Signature		
Print Name		
Position held		Date

Return application and payment to:
Department for Environment and Water
GPO Box 1047
ADELAIDE SA 5000

Make cheques or money orders payable to:
Department for Environment and Water

For credit card payments or other payment options, please telephone:
(08) 8463 6876

Office Location:
Customer Service Centre
81-95 Waymouth Street
ADELAIDE SA 5000