



APPLICATION FOR A WATER METER TEST

Pursuant to the Natural Resources Management Act 2004

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 Natural Resources Management Act 2004 (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.

SIGNED:

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 | |
| Signature | |
| Print Name | |
| Position held | |

RETURN APPLICATION AND PAYMENT TO:

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

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

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

Telephone enquiries: (08) 8463 6876