**FORM**
(Blanks not to be photocopied.  Print direct from DAKS)
(Printed on 26-Nov-24 at 13:11)

# (WS-FO-236) Water Meter Accuracy Test Application Form

## DETAILS OF APPLICANT

Applicant's Name: ………………………………………………………………………………………

Applicant's Residential Address:

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

## DETAILS OF PROPERTY / PREMISES TO BE TESTED

Metered Property Address:

……………………………………………………………………………………………………............

……………………………………………………………………………………………………………

Assessment No: ………………………………………          Parcel No: …………………………………

Lot No: ……………..          Section No: ………          DP No: …………………………………………..

Date of Application: …………………………………          Meter No: …………………………………..

Reason/Comment:

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

**I understand in making this application, should the meter(s) be found to be registering within 0% to 3% of the correct quantity, it shall be deemed to correctly indicate the water passing through it. Test fee will be borne by applicant.**
**In the event the test(s) register a greater than 4% result, Council will reimburse applicants test fee and adjust water account to reflect over charging to applicant.**
**In the event the test(s) register a less than 0% result, the applicant will incur the test fee and water account will be adjusted to reflect under charging to applicant.**

_____ Signature    _____ Date

## OFFICE USE ONLY

Fee Paid $: ………………………………..          Checked by: ……………………………

Receipt No: ………………………………..          (CSO Print Name)

Date Paid: …………………………………          Signature: ………………………………
                                                **Receipt Code: 215**
CRM No: ……………………………….          **Job No.          141117.0521.612**

## TO BE COMPLETED BY WATER & WASTEWATER MAINTENANCE

Date Tested: …………………………………

Result/Outcome: ……………………………………………………………………………………………

………………………………………………………………………………………………………………

Refund Required:          Yes/No          Adjustment: …………………………………

Date Applicant Advised: …………………………          Authorised by: …………………………………