

Whakatāne District Council Private Bag 1002 Whakatāne 3158 | Ph: 07 306 0500 | Fax: 07 307 0718

## SECTION A —DETAILS OF WATER DISCONNECTION / RECONNECTION / RELOCATION

### PROPERTY DETAILS

Property Address	RD Number	
Suburb/Area	Lot and DP number	
Associated Consents	Building Consent No: _____ Resource Consent _____	

### APPLICANT DETAILS

Name	Company	
Physical Address		
House/Unit number	Street	
RD number	Post code	
Postal Address (if different from physical address)		
Landline	Mobile	Email

### WATER SUPPLY DISCONNECTION / RECONNECTION DETAILS

Type of disconnection <i>(Tick applicable)</i>	<input type="checkbox"/> Temporary - \$115 <input type="checkbox"/> Reconnection - \$115 (Following temporary disconnection)  <input type="checkbox"/> Permanent - \$200  <input type="checkbox"/> Relocation of Connection & Meter - hourly rate applies  Details _____ _____
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### BILLING INFORMATION—LEGAL OWNER OF THE PROPERTY TO BE DISCONNECTED / RECONNECTED / RELOCATED AT THE TIME OF THE APPLICATION (This person is responsible for payment of the ongoing water charges until such time as legal ownership changes)

Name	Company Name	
Postal Address		
Home phone	Work phone	Mobile
Email address		

### SECTION B - DISCONNECTION / RELOCATION OF SERVICE

<ul style="list-style-type: none"> <li>Provide a site plan clearly showing the <u>CURRENT</u> location of service for disconnection.</li> <li>Provide a site plan clearly showing the location of service for reconnection / relocation providing measurement on the plan indicating how far you want the service placed from the L/H or R/H boundary of the property.</li> <li><b>Applications will not be accepted without a site plan and measurement.</b> If a site plan is not available, an aerial print can be requested from the Council's Customer Services team. Provide measurements on the aerial print as above.</li> </ul>	<input type="checkbox"/> Form completed and signed <input type="checkbox"/> Site plan attached <i>Application will <b>not</b> be processed until all requested information and a signature is provided.</i>
Signature	Date

**SECTION C — FOR OFFICE USE ONLY**

**CUSTOMER SERVICES TO COMPLETE**

Valuation roll number			Code	Fee (\$)
Legal description		SCF		
Receipt number		DCF		
Receipt date		CCF		
		TF		
			<b>Total</b>	

**ASSET ENGINEER TO COMPLETE**

Comments	

**THREE WATERS OPERATIONS TO COMPLETE**

Date of Disconnection / Reconnection / Relocation		Work order number	
Meter number		Meter Size	
Start reading			
Finish reading			
Comments			

**ACCOUNTS OFFICE TO COMPLETE**

Serial number	
Book number	
Connection reference	
Service line number	

**RESPONSE DATES — ALL STAFF CONCERNED TO COMPLETE**

Staff	Date Received	Date Completed	Task
Customer Services			Receive application, send to Asset Engineer
Asset Engineer-Utilities			Assess Application
Customer Services			Receipt and send Job Request to Operations
Three Waters Operations			Provide connection
Utilities			Record new asset / Sent to Water Billing for recording
Rates Officer			Record connection and meter in Ozone