

OTOROHANGA COMMUNITY APPLICATION FOR SERVICES CONNECTIONS



Applicants Name: _____ Date: _____
 Property Address: _____
 Postal Address: _____
 Telephone: _____ Cellphone: _____

Service connection requirements:
Charges are per connection required NOT per application

Water Supply Connection: Number: _____ Size: _____
 Storm Water Connection: Number: _____ Size: _____
 Sewer Connection: Number: _____ Size: _____
 Residential Commercial
 Other: (Please specify) _____

Description of development:
 (e.g. 3 townhouses on cross lease title, block of shops, warehouse, etc)

Is the property already supplied with water? Yes No
 Were any buildings demolished to which water was supplied? Yes No
 Connection installation required by: _____ / _____ / _____ Date for connection
 Signed by owner / on behalf: _____

Please show on the reverse page:
SCALE DIAGRAM FOR METER / CONNECTION LOCATION
 (Show distances from boundaries, entranceways, power poles, etc)

Office:	Connection Charges:
Application received by: _____	No: _____ @ \$ _____ = _____
Valuation number: _____	No: _____ @ \$ _____ = _____
Legal description: _____	No: _____ @ \$ _____ = _____
Receipt No: _____	Total fee / Advance Payments: = _____

Scale Diagram

(Showing all connections to Otorohanga District Council reticulated services)
(Easily identifiable and PERMANENT reference points to be used – eg survey pegs, not shrubs or fences)

