



Application for Sewer Connection

P.I.C Number

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Property Account Number

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PROPERTY DETAILS

Street No.

Lot No.

Street Name:

Suburb:

Post Code:

OWNER DETAILS

Name:

Phone:

DETAILS OF PLUMBING WORKS

Occupancy Type (No.)	Description of Work	New Fixtures to be Connected (No.)
1. House <input type="checkbox"/>	1. Connect existing dwelling to sewer <input type="checkbox"/>	1. Toilet <input type="checkbox"/>
2. Office <input type="checkbox"/>	2. Alter existing plumbing — (give details) <input type="checkbox"/>	2. Bath <input type="checkbox"/>
3. Shop <input type="checkbox"/>	3. Disconnect drains from sewer <input type="checkbox"/>	3. Basin <input type="checkbox"/>
4. Factory <input type="checkbox"/>	4. Extensions* <input type="checkbox"/>	4. Kitchen sink <input type="checkbox"/>
5. Flat <input type="checkbox"/>	5. Connect new building to sewer * <input type="checkbox"/>	5. Laundry trough <input type="checkbox"/>
6. Motel / Park <input type="checkbox"/>	6. Connect swimming pool filter to sewer* <input type="checkbox"/>	6. Shower <input type="checkbox"/>
7. Other <input type="checkbox"/>	7. Install additional fixtures <input type="checkbox"/>	7. Dishwasher <input type="checkbox"/>

Details:

APPLICATION FEES

TOTAL FEES	\$ <input type="text"/>	Standard residential Connection	\$181.35
		All other connections	P.O.A

*NOTE - Applications WILL NOT BE PROCESSED without **FULL PAYMENT** of application fees and provision of a **BUILDING PLAN**. (Not required for alterations/extensions)

PLUMBER DETAILS

In lodging this application, the applicant declares that they are authorised by the owner or occupier to make this application on their behalf and agree to the Conditions of Connection.

Name:

Address:

Suburb:

Post Code:

Phone:

Mobile:

Fax:

Licence No.

E-mail address:

PLUMBERS DECLARATION

- I have advised the owner that Access Charges will apply from the first day of the next billing period. (July/Oct/Jan/Apr)
- I will ensure the works are carried out in accordance with Westernport Water 's By-Laws
- I will ensure that an accurate "As Constructed " Drainage Plan is lodged with Westernport Water immediately following the drain installation/ alteration.

I HAVE READ AND ACCEPT THE ABOVE CONDITIONS SIGNATURE _____

Office Use Only
To be completed by Westernport Water

PAYMENT DETAILS

Receipt No.:

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Date: / /

ASSET DEPARTMENT AUTHORISATION

Authorised: **Initials:** _____ **Signed:** _____ **Date:** / /

PROCESSING AUTHORISATION

CSO Checked: _____ **Date:** / /

ACSO Authorised: _____ **Date:** / /

Approval Number:

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Crn Number:

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Personal Information Collection Notice

Westernport Water is collecting the personal information requested on this form for the purpose of providing a service connection. Without this Personal Information the service connection may not be provided. This information will be handled in accordance with the Victorian Information Privacy Principles [IPPs] and our legal obligations. You may request access to your personal information. The information may be disclosed to third parties to assist in the provision of the service connection; including Westernport Water's contractors, Melbourne Water, the Minister for Water and the Environment Protection Authority. For a copy of Westernport Water's Privacy Charter which describes in more detail how personal information may be used, or how to access your personal information, please visit westernportwater.com.au/contactus/privacy or contact 1300 720 711.