

Office Use Only
To be completed by Westernport Water

PAYMENT DETAILS

Receipt No:

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 CRM No:

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 Date: ____ / ____ / ____

ASSET DEPARTMENT AUTHORISATION

Authorised: Initials: _____ Signed: _____ Date: ____ / ____ / ____

PROCESSING AUTHORISATION

CSO Checked: _____ Date: ____ / ____ / ____

SCSO Authorised: _____ Date: ____ / ____ / ____

Approval Number:

--	--	--	--	--	--	--	--	--	--

METER DETAILS

Meter Size: _____

Mains Size: _____

Meter Make: _____

Meter Number: _____

Tapping-Long: Tapping-Short:

Meter Code: _____

Meter Reading: _____

Meter Location: _____

GPS -S: _____ GPS -E: _____

Walk Sequence: _____

CERTIFICATION OF COMPLETION

Tapped By: _____

Tapped Date: ____ / ____ / ____

Passed By: _____

Passed Date: ____ / ____ / ____

INFORMATION UPDATED TO ASSET REGISTER

Assigned Asset Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signed: _____ Date: ____ / ____ / ____