

## Application for Water Service

APPLICANT DETAILS			
Applicant Name			
Postal Address			
Contact Number		Mobile	
Email Address			
SITE DETAILS			
Address			
Assessment No.			
Lot & Plan Details			

SERVICE DETAILS			
New Connection of Service		<input type="checkbox"/>	Removal of Existing Service
		<input type="checkbox"/>	<input type="checkbox"/>
Service Size	<input type="checkbox"/> 20mm	<input type="checkbox"/> 32mm	<input type="checkbox"/> 50mm
	<input type="checkbox"/> 25mm	<input type="checkbox"/> 40mm	<input type="checkbox"/> 80mm
<input type="checkbox"/> 100mm			
<input type="checkbox"/> 150mm			
Alteration of Existing Service Size - Downgrading / Upgrading			
Existing Service Size	mm	Proposed Service Size	mm
Property Differential Rating Category		Maximum Peak Flow Demand Required	
Hydraulic Review Requirement	<input type="checkbox"/> Residential Categories 1 to 3 – N/A <input type="checkbox"/> Residential Categories 4 to 6 – A copy of the Hydraulic Review Form completed by a Licensed Plumber is attached <input type="checkbox"/> Residential Categories 7 to 10 and Commercial Categories 11 to 80 – A copy of the Hydraulic Review Form completed by a hydraulic engineer is attached		
Relocation of Existing Service			
Service Size	mm		
Relocation Details	<input type="checkbox"/> Convert above ground meter to a below ground meter at existing location <input type="checkbox"/> Relocation of service (left / right, inside / outside boundary) <input type="checkbox"/> Relocation of service AND convert to below ground in meter box		
Reason for Connection / Removal / Alteration / Relocation			

For New Service or Relocation, a sketch showing the position of the proposed location is attached

Applicant's Signature		Date	
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SITE SKETCH - New Service or Relocation																	

To be completed, signed and returned to: **Mount Isa City Council**  
 PO Box 815  
 Mount Isa QLD 4825  
[city@mountisa.qld.gov.au](mailto:city@mountisa.qld.gov.au)

<b><u>OFFICE USE ONLY</u></b>			
RECEIVING OFFICER TO COMPLETE			
Date Received		Document ID	
WATER & SEWER TO COMPLETE			
Within Council's declared water service area? (New Connections)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If No, Resolution No. if applicable:		
Site Visit Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Applicable Fees	<input type="checkbox"/> Standard Fee	<input type="checkbox"/> Quotation	<input type="checkbox"/> N/A
Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Approving Officer</b>		<b>Date</b>	
<b>Works Completed Date</b>			

**PRIVACY STATEMENT**  
 Mount Isa City Council is collecting your personal information on this form to order to comply with its responsibilities and obligations as a Local Government. The information will only be accessed by authorised Council employees and contractors, who have a legitimate need for the information to process applications, requests etc. Your personal information will not be given to any other person or agency unless you have given us permission to do so or we are required to do so by law.