

LANCELIN SOUTH WATER	
	Residents Water Service Connection Application Form



Your Details

First Applicant	
First Name(s)	
Surname	
Contact Number	
Email	

Second Applicant	
First Name(s)	
Surname	
Contact Number	
Email	

Property Details

Lot No.	Street No.	Street Name

Suburb	Post Code
Lancelin South	6044

Billing Address (if same as above leave blank)

Lot No.	Street No.	Street Name

Suburb	Post Code

Date Meters Required By

Day	Month	Year

New Meter Installation Required (please tick which you require)

Potable (drinking) water meter	
Non-Potable (irrigation) water meter	

For Office Use Only			
Customer Reference No: _____	Date Processed: _____	Email Confirmation: Yes <input type="checkbox"/>	No <input type="checkbox"/>