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ABN: 68 284 130 046

<p><u>Office Use:</u></p> <p>Document ID: Account No.: Account Status:</p>

Request for Interim Water Account

All fields are required to be completed.

NOTE: The Property Owner is to complete this form.

Interim Water Accounts incur a special meter read fee, please refer to the Fees & Charges.

Account Property/Owner Details

Property Address: _____

Account Name: _____

Contact Number: _____ Email Address: _____

Postal Address (if different from property address): _____

Residential Address (if different from property address): _____

Request

Required Date of Meter Reading: _____

(Please note readings will occur weekdays only, excluding public holidays)

Please send my accounts via (Please tick one):

- Postal address (supplied above)
- Email Address (supplied above)
- Other (Please specify): _____

Acknowledgement

I understand and acknowledge that:

- The information provided in this request for Interim Water Account form is true and complete to the best of my knowledge.
- Roxby Council may refuse the application of this form if it becomes evident that information or any supporting documentation provided is incomplete or false.
- I authorise Roxby Council to raise charges on my account as per my request above and agree to pay this by the pay by date stated on the interim notice issued or be subject to late fees and/or debt collection should it remain unpaid.

Signed: _____

Name (print): _____ Date: ____/____/____