

Application for water meter accuracy test form

Council of the City of Gold Coast
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Please forward to Customer Contact at City of Gold Coast.

Location information			
Account number		Lot number	Reg. plan number
Street address			
Suburb		Postcode	
Owner / authorised agent information			
Name			
Postal address			
Suburb		Postcode	
Phone business hours		After hours	
Water meter detail			
Meter serial number		Meter make	
Meter size (ie. 20mm, 25mm)			
Meter location	<input type="checkbox"/> facing house <input type="checkbox"/> near left boundary <input type="checkbox"/> near right boundary <input type="checkbox"/> other		
** Payment must accompany this form **			
Services, fees and charges (2020-2021)			
Laboratory and Disassemble test	20 millimetres and 25 millimetres only (Independent NATA test)		<input type="checkbox"/> \$618.00
Larger size meter	greater than 25 millimetres – laboratory and disassemble test		By quotation only

Disclaimer

I/We, the above named applicant(s), do hereby acknowledge that a "Laboratory and Disassemble meter test" will render the meter inoperable and not able to be further tested and therefore knowingly accept that the result of the "Laboratory and disassemble meter test" will be deemed final. I/We also agree to indemnify City of Gold Coast of any liability associated with such action.

Signature (owner/authorised agent) _____ Date ____/____/____

Collection Notice

Council of the City of Gold Coast (Council) is collecting your personal information in order to provide the services requested, perform associated Council functions and services, and to update and maintain Council's customer information records. Your information is handled in accordance with the Information Privacy Act (Qld) 2009 and may only be accessed by Councillors, Council employees and authorised contractors. Unless authorised or required by law, we will not provide your personal information to any other person or agency. For further information go to <http://www.goldcoast.qld.gov.au/privacy-81.html>. Council may also use your personal information in order to contact you to provide you with information regarding Council functions and services. If you do not wish to receive such information please opt out using the unsubscribe link in the communication material sent to you.

Office use only			
Application sighted by _____	Date ____/____/____	Notice hold	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refund required <input type="checkbox"/> Yes <input type="checkbox"/> No		Adjust account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Actioned by _____	Date ____/____/____		
Actioned by _____			
Application Key Reference: 502085970			