

(WS-FO-203) APPLICATION TO FILL A SWIMMING POOL

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METHOD OF FILLING OF POOL/SPA

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Hydrant (Fee in Revenue Policy)

DA No: _____ / _____

(if applicable)

Applicant _____

Postal Address _____

Name of Person to Contact _____

Phone No. _____

Mobile No. _____

Owner _____

Address House No _____ Street / Road _____

Town _____ Post Code _____

Lot _____ Section _____ DP _____

Parcel No. _____ Assessment No. _____

Owner(s) Signature _____

Office use only

Receipt Code - **309**

Receipt No. _____

Job No. **141156/521/552**

Checked by: _____
(Customer Service Officer –Print Name)

Signature: _____
(Customer Service Officer – Signature)

Date: _____ / _____ / _____

CRM No. _____

Approved ☐ Yes ☐ No Date _____ / _____ / _____

Please Note: The hydrant must be on the same side of the house, if not, this application will need to be assessed and may not be allowed.