

Applicant Details:

Name: _____

Postal Address: _____ Post Code _____

Phone #: _____ Fax: _____

Email: _____

Company/person
to Pay

Property Details:

Owners Name: _____

Site Address: _____

Development Description: _____

Details of Proposed Work requiring Estimate: _____

Plan attached : Y / N

Signed: _____ Date: _____

NOTE: A quote will be sent to the applicant as detailed above. No payments are to be made on this form.

Office use only

Customer Service Officer
(Circle)

SOWU / MPU / Townsville Water

Proclaim Number: _____

Date: _____ Officer Initials: _____

Assessing Officer: _____

Processed Date: _____

Comments: _____

Officer Initials: _____