



## APPLICATION FOR SPECIAL WATER METER READING 2007/2008

### APPLICANT / SOLICITORS DETAILS

<b>Applicants Name (Solicitors Firm)</b> <input style="width: 95%;" type="text"/>		<b>Contact Person</b> <input style="width: 95%;" type="text"/>
<b>Postal Address</b> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>		<b>Phone</b> <input style="width: 95%;" type="text"/>
<b>Postcode</b> <input style="width: 95%;" type="text"/>		<b>Fax</b> <input style="width: 95%;" type="text"/>
		<b>E-mail</b> <input style="width: 95%;" type="text"/>
		<b>Applicants Reference</b> <input style="width: 95%;" type="text"/>

*Please Note: The information requested will be forwarded to the applicant's address unless otherwise directed*

### PARTICULARS OF PROPERTY FOR SPECIAL WATER METER READING

<b>Property Address</b> <input style="width: 95%;" type="text"/>		
<b>Lot Number</b> <input style="width: 95%;" type="text"/>	<b>Plan Type &amp; Number</b> <input style="width: 95%;" type="text"/>	<b>Vendors Full Name</b> <input style="width: 95%;" type="text"/>

### SPECIAL WATER METER READING DETAILS

<b>Date of This Application</b> <input style="width: 95%;" type="text"/>	<b>Anticipated Settlement Date</b> <input style="width: 95%;" type="text"/>	<b>Date Search Required By</b> <input style="width: 95%;" type="text"/>	<b>OFFICE USE ONLY</b>
<b>Special Water Meter Reading is to be: (More than one may be selected)</b>			
<input type="checkbox"/> Posted <input type="checkbox"/> Faxed <input type="checkbox"/> Emailed			
			PN:
			Read Date:
			Body Corp %:

### PAYMENT DETAILS

**2007 / 2008 SPECIAL WATER METER READING FEE IS CURRENTLY \$65.00**

Payment Method	
Cash	<input type="checkbox"/> Pay via reception, in person - Do not send cash through mail
Cheque	<input type="checkbox"/> All cheques should be made payable to Wide Bay Water Corporation
Charge Account	<input type="checkbox"/> Fee charged to prearranged / authorised charge account
Credit Card	<input type="checkbox"/> Please complete the relevant information below (Do Not Return Form By Email)

#### CREDIT CARD PAYMENT

Please Debit My:             Bankcard                       MasterCard                       VisaCard

Credit Card Number:   

Card Expiry Date:                              Total (\$65.00 Per Application):    \$

Cardholder's Name:                            Cardholder's Signature:           

**Please note that Wide Bay Water Corporation will only commence action required upon full receipt of payment or on authorised charge account.**

### OFFICE USE ONLY

Date: <input style="width: 150px;" type="text"/>	Amount Paid: \$ <input style="width: 150px;" type="text"/>	Receipt Number: <input style="width: 150px;" type="text"/>
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### RETURN DETAILS

Please return this form to:  
**BILLING SERVICES, WIDE BAY WATER CORPORATION, PO BOX 5499, TORQUAY Q 4655**  
 Billing Services - Tel: (07) 4194 7670 Fax: (07) 4194 8989  
 Web: [www.widebaywater.qld.gov.au](http://www.widebaywater.qld.gov.au) E-mail: [billing@widebaywater.qld.gov.au](mailto:billing@widebaywater.qld.gov.au)