

PROPERTY OWNER/APPLICANT DETAILS

Surname: _____ First Name(s): _____

Postal Address: _____

Town: _____ Postcode: _____

Phone: _____

Mobile: _____

Email: _____

PROPERTY DETAILS - (where stormwater connection is required)

Property Address: *(if different to above address)*: _____

Town: _____ Postcode: _____

Type/Size of Stormwater Connection: Domestic minimum 150Ø Other 225Ø, 300Ø Over 300Ø

Reason for connection request: _____

Provide a sketch of proposed connection location:

Applicant Signature: _____

Date: _____

Privacy Statement

The personal information on this form is required by Council for administrative purposes. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend or personal information at any time. How we use this information is explained in our Privacy Policy, which is available on our website www.warwyn.tas.gov.au or at the Council Office.

