

SEWERAGE - CONNECTION REQUEST

Please complete Sewerage Connection Request form and return to Dubbo Regional Council.

APPLICANT DETAILS	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other - Please specify:
Name/s	
Date of Birth <i>Optional</i>	
Residential Address <i>Include City, State & Postcode</i>	
Postal Address <i>Include City, State & Postcode</i>	
Contact Number	
Email Address	

BUSINESS DETAILS	
Your Name	
Company Name	
ABN	
Company Address <i>Include City, State & Postcode</i>	
Postal Address <i>Include City, State & Postcode</i>	
Contact Number	
Email	
Business Activity <i>Please Specify</i>	

PROPERTY TO BE CONNECTED DETAILS					
Lot No		DP/SP No		Section No	
Unit No		House Number			
Street/Road					
Town		State		Postcode	

DESCRIPTION OF WORKS REQUESTED		
Council to construct a new junction	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what size? <input type="checkbox"/> 150 mm <input type="checkbox"/> 225 mm
Council to construct an access chamber	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a detailed plan is required.
Council to construct a sewer main	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a detailed plain is required.

DETAILED PLAN CHECKLIST	
Long section details provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Director of north provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property number, location and name of street/road etc provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of work requested provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of existing and/or proposed building/s provided	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROPERTY OWNER INFORMATION AND CONSENT	
Are you the property owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If you answered 'No' to the above question, please ensure the property owner signs the consent below before lodgement of this application.</i>
If no, relationship to owner	<input type="checkbox"/> Plumber <input type="checkbox"/> Builder <input type="checkbox"/> Developer <input type="checkbox"/> Other
If other, please specify	
Is there a business conducted on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes above, specify business activity	
Property Owner/s Name	
Property Owner/s Address	
Property Owner/s Contact Number	
Property Owner/s Email	
<p>The owner's authorisation to make this application must be obtained. This is a mandatory requirement of section 78 of the Local Government Act 1993.</p> <p><i>As owner of the above property, I consent to the making of this application and to the entry onto such land by authorised officers of Council for the purpose of determining this application, and any associated inspections.</i></p>	
Signature	
Print Name	
Date	

Note: In accordance with Council's Water Supply and Sewerage Customer Service Standards, Council will email (if an email address is provided above) or post a written quote to the application with 10 working days of the receipt of the quote request. The quote will only be valid for three months after issue. Council will complete the construction work within 40 days of receiving pre-payment for the work.

Please contact Council's Capital Projects Team on (02) 6801 4000.

PRIVACY NOTE:

Council is bound by the provisions of the Privacy and Personal Information Act 1998, in the collection, storage and utilisation of personal information provided in this form. Accordingly, the personal information will only be utilised for the purposes for which it has been obtained. For further information, please refer to Council's Privacy Management Plan Policy located on Council's website www.dubbo.nsw.gov.au