



# Application – Recycled Water Connection

Please complete all mandatory fields marked with (\*)

Please complete this application form for connection to City of Charles Sturt Recycled Water (please confirm with Council's Water Business Unit for accessibility to Council's recycled water infrastructure).

Ensure you have completed all sections of the form and attached signed application and Water Supply Agreement forms. Property Owners must ensure they have read the Charles Sturt is.....Recycling Water information leaflet available from Council.

## 1. Connection Type\*:

<input type="checkbox"/>	New Connection
<input type="checkbox"/>	Existing Connection <i>(completion of section 4 is not required)</i>

## 2. Property Details:

Property Address*:	
Lot Number*:	Deposited Plan No.*:

## 3. Applicants Details\*:

3.1. Are you the property owner? *(if No, please ensure the required attachments have been completed and signed by the property owner)*

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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## 3.2. Property Owners Details:

<b>Property Owner (1)</b>	
Property Owner* : <i>(Company/Dr/Miss/Mr/Mrs/Ms)</i>	
Postal Address*:	
Phone*:	
<b>Property Owner (2)</b>	
Property Owner* : <i>(Company/Dr/Miss/Mr/Mrs/Ms)</i>	
Postal Address*:	
Phone*:	
<b>Property Owner (3)</b>	
Property Owner* : <i>(company/Dr/Miss/Mr/Mrs/Ms)</i>	
Postal Address*:	
Phone*:	

4. Builders Details:

Name of Builder*:(Company/Dr/Miss/Mr/Mrs/Ms)
Name of Site Supervisor*:(Company/Dr/Miss/Mr/Mrs/Ms)
Contact number for Site Supervisor*:

5. Have you attached a signed Water Supply Agreement\*? (Form is available from Council or can be downloaded from [www.charlessturt.sa.gov.au/RecycledWater](http://www.charlessturt.sa.gov.au/RecycledWater))

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Does anyone residing at the residence require the use of life support equipment\*?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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7. Privacy Policy\*:

By submitting this form, I consent to the City of Charles Sturt collecting, retaining and using my personal information provided in line with [Council's Privacy Policy](#).

<input type="checkbox"/> Accept
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Signed\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

Office Use Only	
252/ /	Property Number:
Date Lodged:	Received By: