



LEETON SHIRE COUNCIL

Preserving the Past, Enhancing the Future

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Application for Test of Water Meter

Name:

Address:

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Assessment No.:

I hereby apply for testing of water meter number:

connected to premises situated at:

(Note: An error margin of 3% is allowed for meter readings, either fast or slow)

Date Paid:

Receipt No.:

Signature:

Office Use Only

Referred to Superintendent on:

Meter test on:

Water Superintendent's Report:

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Date:

Signature: