

Customer Request for Testing of Meter 2024/2025



*This form is to be completed by an owner only.
Please return completed form to Council.*

Date: ____/____/____

Ratepayer Name:			
Assessment Number:			
Property Address:			
Contact Number:			
Email Address:			
	Meter Type	Fee	✓
	20 mm & 25 mm	\$410.00	
	32 mm & 40 mm	\$480.00	
	50 mm & 80 mm	\$550.00	
	100 mm & 150 mm	\$660.00	
	200 mm 4 point non NARA test	\$865.00	
Comment: <i>(Include Meter # if you have more than one meter on the property and any additional information necessary)</i>			

I _____, owner of the above address, acknowledge the following:

- The charge will need to be paid before the meter is independently tested
- If the meter is faulty, Council will reimburse for the cost of the testing, and credit the account for the excessive usage. The faulty meter will be also be replaced

NOTE:

- The charges are advertised in our fees and charges for the specific year
- The charges for the meter type may vary each year

Print Name: _____

Signature: _____