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## Flow and Pressure Test - 2024/25 Application Form

**PURPOSE OF FORM:** This form will be used to process your application for a flow and pressure test.

<b>APPLI</b>	ICANT DETAI	LS							
Applic	ant's Name:								
Postal	Address:								
Suburb:		State:				Postcode:			
Email:									
Phone	:				Mobile:				
PART	ICULARS OF	PROPER'	TY						
Property Address:									
Lot Number:				Plan Number:					
Prope	erty Owner's F	ull Name:		·					
WBW	FLOW AND P	RESSURI	E TESTS						
i	Double Hydrar	Double Hydrant – incremental to max flow with pressure residual					1/2025 Standard Fee		
i	Other	ther							
PAYM	ENT METHO	D					•		
i	Cash - Pay via	ash - Pay via reception, in person – Do not send cash through mail.						PLEASE NOTE:	
i	Cheque - All cl	Cheque - All cheques should be made payable to Fraser Coast Regional Council.					ouncil.	Wide Bay Water will only commence action	
i		redit Card - DO NOT record details on this form. Contact will be made with ou upon receiving this application to obtain credit card details.						required upon full receipt of payment.	
							•		
						_			
Applicant Signature						D	ate		

**Privacy Notice**: In using this form you are providing personal information such as name and contact details. This information will be used only for the purpose stated above and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

OFFICE USE ONLY							
Receipt Officer to Complete:	Tester to Complete:						
Payment Date:	Date Test Completed:						
Amount Paid:	Test Officer Name:						
Receipt Number:	eDOCS Number:						