



CASSOWARY COAST REGIONAL COUNCIL

32/18/1

A.B.N. 20 889 787 211
PO Box 887 INNISFAIL QLD 4860
Phone: (07) 4030 2222 Fax: (07) 4061 4258
enquiries@cassowarycoast.qld.gov.au

ISSUE OF METERED STANDPIPE

From: _____ To: _____

STANDPIPE ISSUED TO:

CUSTOMER TO COMPLETE THIS SECTION ONLY

APPLICANT (Company Name or Individual)			ABN:
Applicant's Postal Address (Billing Address)			
Suburb Post Code			
CONTACT Details:	<i>Ph:</i>	<i>Mobile:</i>	
Contact Person (if different from applicant)	<i>Email:</i>		
	<i>(**Please Attach a Photocopy of Applicants or Contact Persons Driver Licence)</i>		

DETAILS OF STANDPIPE (ON ISSUE)

CCRC OFFICER TO COMPLETE

STANDPIPE ID NUMBER	IS THIS A REPLACEMENT FOR A LOST OR DAMAGE STANDPIPE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES A NEW HIRE FORM FOR THE REPLACEMENT ISSUE IS TO BE COMPLETED)
CCRC NO. _____	LOST OR DAMAGE STANDPIPE ID NUMBER _____ CCRC NO. _____

NOTE: THE DEPOSIT / SECURITY BOND IS NON-TRANSFERABLE

STANDPIPE READING (Start of Hire)									KL
DATE & TIME HIRED	DATE:		TIME:						

I/WE HAVE RECEIVED A COPY OF "COUNCIL METERED STANDPIPES – CONDITIONS OF HIRE USE" IN RELATION TO BEING GRANTED THE USE OF A METERED STANDPIPE AND AGREE TO ABIDE BY THIESE CONDITIONS.

- I/WE UNDERSTAND THAT FAILURE TO COMPLY WITH THESE CONDITIONS MAY RESULT IN
- (a) WITHDRAWL OF THE STANDPIPE AND FORFEITURE OF THE DEPOSIT / SECURITY BOND.
 - (b) TERMINATION OF THE HIRE AGREEMENT.
 - (c) MAY CONSTITUTE A BREACH OF THE *WATER SUPPLY (SAFETY AND RELIABILITY) ACT 2008.UUNDER SECTION 145 (1) AND 195 (1).*

I/WE UNDERSTAND THAT THE STANDPIPE IS NOT TRANSFERABLE TO ANY OTHER PARTY AND IS THE RESPONSIBILITY OF THE NOMINATED APPROVED STANDPIPE HOLDER.

I/WE HERBY VERIFY THAT THE DETAILS OF STANDPIPE ON ISSUE ARE CORRECT.

SIGNATURE OF STANDPIPE HOLDER _____ DATE _____

Permit No. CCRC	Approved Date: / /	Approved By:	Signature:	
RECEIPT TO: <i>TRUST FUND NUMBER</i>	RECEIPT NUMBER	AMOUNT	DATE	SIGNATURE
W00486		\$1595.00		

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RETURNED METERED STANDPIPE

DETAILS OF STANDPIPE (ON RETURN)

CCRC OFFICER TO COMPLETE

STANDPIPE ID NUMBER	CCRC _____						
STANDPIPE READING End of Hire							KL
DATE & TIME RETURNED	DATE:			TIME:			
CONDITION OF STANDPIPE	Good	Fair	Poor	Damaged			
Additional comments required of damaged or faulty:							
Has a new standpipe been issued to replace the above standpipe: <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes: a new hire form for the replacement issue is to be completed)					REPLACEMENT STANDPIPE NUMBER		
					CCRC _____		

I verify that the above details of standpipe on return are correct.

SIGNATURE OF APPLICANT _____

REFUND

Deposit /Security Bond					\$1595.00
Meter Reading on Return					
Previous Reading					
Water Usage				@ \$2.60KL	
Hire Days			Daily Rate (Min Fee \$135.00)	\$2.80/per day	
From	To	TOTAL DAYS			
Repair Costs (if any)					
Outstanding Invoices (for this standpipe only)					
			TOTAL CHARGES		\$
			REFUND OR ADDITIONAL CHARGE		\$

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