

Non-domestic wastewater audit

Find out how much we should charge for your wastewater

Please complete, sign and return this form to Email: wastewateraudit@water.co.nz

Phone: (09) 442 2222 Website: www.watercare.co.nz

Important information

Please complete, sign and return this form to wastewateraudit@water.co.nz

1. Property details							
Water meter number(s) associa	ated with this applicatio	on 1					
		2					
		3					
Watercare account number							
Property address:							
Street number	Street name						
Suburb				Postcode			
2. Current property Details of the person responsible		water and wast	ewater charges.	Please do not give	e the tenant's detail		
First name	La	ast name					
Company (if applicable)							
Postal address:							
Street number	Street name or PO Bo	OX					
Suburb				Postcode			
Email							
Phone ()		Mobile					
Please send my bills by email t	0:						
Note: If the property is soon to be so	ld or leased, the present ov	vner must inform	us when the own	ership changes.			
3. Your details							
Same as legal owner (g			are not the legal owner, you must attach a signed legal rity to act on their behalf.				
First name	La	ast name					

2	
2	
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Compa	ny (if applicable)						
Postal a	address:						
Street r	number	Street name	or PO Box				
Suburb						Postcode	
Email							
Phone	()			Mobile			-
Please	send my bills by	email to:					
4. Yo	our water u	Se If known, please	tick the aud	dit that relate	es to your water us	se	
	Recipe audit	This is when	you use wa	ter to make a de: • Prod	in end product, e. duction data for a er readings from t	g. drinks or sh set time	,
	Check meter aud	You may nee it	d to install a	a check mete	r if you use water	 Boile 	ng towers r steam units tion systems
	Combination aud	lit This is a com	bination of	the two audi	ts above.		
Do you any oth sources water?	have er s of	in tank ore her – please specify					
1.	audit. Audits rec applicant. We wi In some circums responsible for a Missing informa	eframe vebsite www.watercare juiring more detailed a Il discuss all costs with stances, we may ask ye any associated costs. tion may delay this ap our application and co	nalysis may n you before ou to install oplication.	v take more the e we do the a I water-check	nan two hours to coudit. If we do not co	omplete. The following the fol	ee is payable by the ere will be no fee.
	orisation n that I wish to re	quest a wastewater au	ıdit for the p	property iden	tified on this form	and am liable	for the cost of the
audit. I	am authorised to	make this application stomer contract with W	in the nam	e of the legal	owner and in doir	ng so, I acknow	ledge that the terms
Name					Signature		
					Date	DD / M	IM / YYYY

Please note: Submitting this form does not guarantee a wastewater audit. We assess each application individually.

Privacy

We may use this information to process your application, update our records or help improve our services. We will not disclose it unless required by law. You have the right to access your information, and you can ask us to correct any errors.