

Water meter test

Request a test on your water meter

Please complete and return this form to

Email: info@water.co.nz

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

Post: Watercare, Private Bag 94010, Auckland 2241

Important information
Water meter tests are performed by meter experts from an independent company.

Please complete separate forms for each water meter.

You can email this form to info@water.co.nz with the subject line 'Water meter test', or post it to the address above. Please provide proof of identification with this form, e.g. copy of driver's licence.

		Plea	se complete all s	ections of thi	s form					
1. Your rel	lationship	to the pro	perty							
	Please note, unauthorised tenants or agents cannot apply for a water meter test. Visit www.watercare.co.nz for more information about authorising tenants and agents. Prised agent									
2. Your de	tails									
First name			Last nam	е						
Company (if app	olicable)									
Watercare acco	unt number				-					
Meter number o	of the water met	er you would like	us to test							
You can find yo	ur meter numbe	r on the back of y	our water bil	l, under 'co	nsumption	n details	,			
Reason for requ a meter test	esting									
3. Propert	y details									
Legal property a	ddress (site addr	ess where the tes	t will happen)							
Street number		Street name								
Suburb							Postcode			
	Front lo	t								
Property type	Rear lot	on a jointly-owne	d access way							
	Rear lot	on a separate dri	/eway							

Onsite contact			
First name	Last name		
Company (if applicable)			
Email			
Phone ()	Mobil	е	
4. Property access			
Are there any factors that would prevent us accessing the meter, e.g. dogs or other ani on the property, locked gates, etc?			
If yes, please specify:			
5. Fees and payment If the test finds the meter is accurate to + www.watercare.co.nz and search for 'don'			
Authorisation			
I declare that this information is tru legal owner and in doing so, accep			
I understand that if the test finds th	ne meter is accurate to +/-3%	, the charge for the test will	appear on the next bill.
Name		Signature	
		Date	DD / MM / YYYY
Privacy We may use this information to process y disclose it unless required by law. You have			
For office use only			
Application number		Lodgement date	DD / MM / YYYY
Service request number		Issue date	DD / MM / YYYY
Work order number		Issue date	DD / MM / YYYY

Applicant's signature approved

Applicant's name approved