

APPLICATION FOR NEW WASTEWATER CONNECTION



TE KAUNIHERA Ā ROHE O
WHAKAAHURANGI
STRATFORD
DISTRICT COUNCIL

Send or deliver your application to: Stratford District Council, PO Box 320, Miranda Street, Stratford 4352.

For enquiries, phone: (06) 765 6099

Office Use Only:
Application #
Property ID

I am the: Property Owner (provide details below) Agent (please attach written authority from owner)

APPLICANT DETAILS

Name of Property Owner:

Owner's mailing address:

Owner's contact details:

Landline:

Mobile:

Fax:

Email:

Legal description of land where the connection is to be located (Lot/Section, DP, Block, Survey District etc.):

CONNECTION DETAILS

Street address:

Connection Required:

New Connection

Restrictor Change

Additional Description of work (if applicable):

AGENT DETAILS *(only required if application is being made on behalf of the owner)*

Name of Agent:

Agent's mailing address:

Street address/registered office:

Agent's contact details:

Landline:

Mobile:

Fax:

Email:

Relationship to owner

(state the details of the owner's authorisation if making this application on the owner's behalf):

FIRST POINT OF CONTACT (mark boxes as appropriate and provide details of any other points of contact):

| | | | |
|----------------------------|--------------------------------|--------------------------------|--------------------------------|
| Further information | <input type="checkbox"/> Agent | <input type="checkbox"/> Owner | <input type="checkbox"/> Other |
|----------------------------|--------------------------------|--------------------------------|--------------------------------|

| | | | |
|-----------------------|--------------------------------|--------------------------------|--------------------------------|
| Correspondence | <input type="checkbox"/> Agent | <input type="checkbox"/> Owner | <input type="checkbox"/> Other |
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| Invoicing | <input type="checkbox"/> Agent | <input type="checkbox"/> Owner | <input type="checkbox"/> Other |
|------------------|--------------------------------|--------------------------------|--------------------------------|

APPLICATION

| | | | | |
|-----------------------------|--|----|---|--|
| Signed by the owner: | | OR | Signed by the agent (on behalf of, or with the authority from, the owner): | |
| Signature | | | Signature | |
| Name | | | Name | |
| Date | | | Date | |

PRIVACY INFORMATION

The information you have provided on this form is required so that your wastewater consent application can be processed by the Stratford District Council. The Council collates statistics relating to issued consents and has a statutory obligation to forward these regularly to Statistics New Zealand. The Council stores the information on a public register, which must be supplied (as previously determined by the Ombudsman) to whoever requests the information.

Under the Privacy Act 2020 you have the right to see and correct personal information the Council holds about you.

OFFICE USE ONLY

| | | | |
|--------------------------------|--|------------------------|--|
| Service Centre Officer: | | Signature: | |
| Amount Paid: | | Receipt Number: | |
| DATE: | | | |