Greater Hume Shire Water Filling Station Information and Application

$286 Water Filling Station access fee (current for 2016/2017).
In the event that a customer account is no longer required, upon return of the undamaged iButton, $60.00 will be credited back to the customer.
(1 iButton and key per tanker)

$60.00 Replacement fee for lost or stolen iButton
(Lost or stolen iButtons will need to be reported to GHSC asap to disable account. Unless reported, all Applicants will be responsible for payment of all accounts issued.)

Water is charged at $2.90 per kilolitre (current for 2016/2017).
(Readings from each unit are automatically transmitted back to GHSC and billed monthly)

I acknowledge I have read and understood all the conditions of use:-

- I understand that it is illegal to use Portable Standpipes in GHSC hydrants. (Fire Brigades and Council excepted)
- I agree to take water only for the purpose approved on this application.
- I take responsibility for any loss or damage to the iButton.
- I agree to follow correct procedure for water filling station operation as outlined on the "Water Filling Station Instructions".
- I have received the NSW Health Guidelines for Water Carters and recognise carting drinking water poses extra responsibilities.

Signature: _____Date: ___/___/___

Document Name	Version Number	Date of Issue	Review Date
ENG – Greater Hume Shire Water Filling Station Information and Application	1.0.5	31 August 2016	June 2017

Water Filling Station Application for Use

Date ____/____/____

Name of Applicant (Water Carter)_____

Name of Business _____

Address _____

Mobile Phone _____ **Work** _____ **Home**_____

Reason for Extraction_____

e.g. Potable Contract Carrier / Farm Use / Construction

Name of Driver/s of Vehicle

a)_____

b)_____

c)_____

Description _____

Articulated tanker, trailer tank, tank on truck etc

Make _____**Date of Manufacture**_____

e.g. Mitsubishi, Nissan *1998*

Registration No_____

Tank Material _____**Tank Capacity**_____

e.g. Aluminium, Plastic *Kilolitres*

I, _____hereby agree to make full

Print Name

payment on a monthly basis in relation to water obtained from the Water Filling Station/s.

Billing Details *(If Different from Applicant Personal Details):*

Name _____

Postal Address_____

_____

Signature of Person Responsible For Payment

_____

Office Use Only

_____ _____ _____

5295 FS Token Number 1333-

Date Issued ____/____/____

Amount Paid $_____

Receipt No _____ Receipt to 'Type' 601
Account – 23000.110.150

Date ____/____/_____

Taken by _____

GHSC Officer

☐ Details entered / updated on spreadsheet

☐ S/Dr Account created A/C No. _____