

TAMWORTH REGIONAL COUNCIL

APPLICATION FOR STATIC PRESSURE TEST

APPLICANTS NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

ADDRESS WHERE TEST IS REQUIRED

STREET NO: _____ **STREET NAME:** _____

TOWN/SUBURB: _____

DATE OF APPLICATION: _____

Please note: Test will only be completed after the application and fees have been received. Fees can be located on Council's web site.

Results will be forwarded under separate advices.

Office use only

Council Fee Paid \$ _____

Payment Method _____ (Cheque – Cash – Credit Card)

Receipt No. _____ Property No. _____

All correspondence should be addressed to the General Manager:

Telephone: 6767 5555

PO Box 555 (DX 6125)

trc@tamworth.nsw.gov.au

Facsimile: 6767 5499

Tamworth NSW 2340

www.tamworth.nsw.gov.au