

Application for Wastewater Services 2023/2024

After lodgement of this application, Cairns Regional Council will contact the applicant and provide a fee estimate, prior to commencement of the works. Cairns Regional Council endeavours to carry out the works within 20 business days of receiving the signed fee estimate acceptance remittance.

1. Description of land	Street address (include no., street, suburb / locality & postcode)			
The lot & plan details (eg. SP/RP) are shown on title documents or a rates notice. If the plan is not registered by title, provide previous lot & plan details.	Postcode Lot & plan details Plan Lot # SP / RP			
2. Type of works	1. Alteration of existing manhole within a private property \Box			
	2. Relocation of Property Connection Branch			
3. Description of Works				
4. Applicant Details	Name			
Clearly identify who is making the application. The applicant need not be the owner of the land.	Contact Person Contact Number			
If the applicant is a company, a contact person must be shown.	Email Address			
	Signature			
 5. Consent of Land Owner/s Completion of this section is mandatory and provides the <u>owner's consent</u> for; The lodgement of this application 	Name (In Full) - NOTE: If property is owned by a company, please add full name and position (Director/Secretary). If there are multiple owners, the consent of each owner is required.			
	Contact Details			
	Signature/s Date			
6. Application Submission	Please submit this Application at one of Council's Customer Service Centres, or email to AdminOperations@cairns.qld.gov.au			
Office Use Only				
A/C # Parcel	#· Assessment #· CSO Name			



Application Requirements

Order of Private Works

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	es pro	ris will not be accepted unless the live (5) items listed below are complete vided	ed and attached, please molcate completion by marking the		
1.		Completed Application for Wastewater Service			
2.		☐ Completed and Signed Order of Private Works (this form)			
3.	Cou	Current Active Credit account with Council. If you do not have a Credit account, please complete Councils Credit Account Form.			
Ac	Acceptance:				
des	scribe	dersigned, hereby request Cairns Regional Council to carr ed hereunder and agree to pay all costs incurred in the carr is may exceed the deposit.			
Company/Individual Name:					
Dire	ector	/Contact Person:			
Mobile No:		No:	Phone No:		
Em	Email Address:				
Pos	Postal Address:				
			Postcode:		
Sig	natur	re			