

Lachlan Shire Council

PO Box 216 | 58-64 Molong Street, Condobolin NSW 2877

P: 02 6895 1900 | F: 02 6895 3478

E: council@lachlan.nsw.gov.au | W: www.lachlan.nsw.gov.au

ABN: 82 815 250 829



WATER METER TEST APPLICATION

You may request for your water meter to be accuracy tested if you believe your water use charge is higher than usual and suspect the meter may not be accurately reading.

Before you pay for a test, make sure you have **checked for leaks first**.

PART 1: YOUR DETAILS

Name	
Assessment No	
Property Address	
Postal Address (if different to property address)	
Email:	
Phone:	

PART 2: WATER METER DETAILS

Water Meter No:	
Water Meter Size:	20mm / 25mm / 32mm / >32mm:

PART 3: REASON FOR TEST

Please explain why testing is being requested:
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PART 4: CONDITIONS

1. Each application for water meter testing must be accompanied by a fee (refer to Council's fees and charges).
2. Council will remove your current meter and replace it with a new one. The old meter will be permanently decommissioned.
3. Council will send the meter to an independent, nationally accredited laboratory to test its accuracy.
4. Council will advise in writing of the outcome of the test. The test results report will be made available upon request.
5. Council considers a meter to be accurate if it records within $\pm 4\%$ accuracy.
6. If the meter is greater than +4% accuracy, Council will refund the test fee and adjustments to the relevant water account will be reviewed by the Rates and Water Billing section.
7. If the meter is within accuracy or under-reading, Council will not refund the test fee and no adjustments will be made in the relevant water account.
8. For further information, please refer to Council's Undetected Leak and Faulty Water Meter Policy, Water Meter Policy, and current Fees and Charges. These documents can be found on Council's website www.lachlan.nsw.gov.au, or copies may be requested by contacting Council on (02) 6895 1900.

PART 5: AUTHORISATION

I accept these conditions and agree to proceed with this application.

Signature

Name

Date

OFFICE USE ONLY

Receipt No _____

Date _____