



Cowra Shire Council
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Cowra NSW 2794

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Application - Pressure & Flow Test

Applicant Details

First Name:		Surname:	
Company Name:			
Postal Address:			
Suburb:	State:	Postcode:	
Daytime Phone:		Mobile:	
Email:			
Are you the: <input type="checkbox"/> Owner <input type="checkbox"/> Builder <input type="checkbox"/> Consultant <input type="checkbox"/> Plumber <input type="checkbox"/> Town Planner			
Signature of Owner/Applicant:			

Location/Property for Testing

House/Street No:		Street/Road Name:	
Suburb:	State:	Postcode:	
Lot No:	Section No:	DP No:	
What is the test for?: <input type="checkbox"/> Fire Service <input type="checkbox"/> Raw Water <input type="checkbox"/> Residential Connection			

OFFICE USE ONLY

Amount Paid: _____
Date: _____
Receipt Number: _____