



Public Water Fill Station Registration

Date of registration for Fill Station use:

Deposit Inc.

Applicant Details

Your name	Print name in full	<input type="text"/>		
Postal address <input type="checkbox"/>	Street or PO	<input type="text"/>		
	Town or Locality	Postcode	<input type="text"/>	
Contact	Phone	Mobile	<input type="text"/>	
	Email	<input type="text"/>		

Please provide me SMS advice when a Water Fill Station becomes unavailable. I recognise I may opt out at any time via SMS.
(tick to agree)

Company Details

Company name	Print name in full	<input type="text"/>		
	ABN	<input type="text"/>		
Postal address <input type="checkbox"/>	Street or PO	<input type="text"/>		
	Town/locality	Postcode	<input type="text"/>	

Further Information

Desired Fill Volume (L)	<input type="text"/>
Applicant's Signature	<input type="text"/>

Office Use Only

To be referred to the Water & Sewer Services team

Chargeable key holder	YES / NO	Date Paid	/ /
Debtor number	<input type="text"/>	Receipt no.	<input type="text"/>
Key issued	KEY #	Receipt type	19
Deposit Paid	<input type="text"/>	Print CS Staff Name	<input type="text"/>

