#	
	(Office use only)



Application for a Statement of Water Pressure

Section A.	Details 0		10								
Unit No.		Street Number		Street Name							
Suburb/ Locality				Postcode			State				
Lot				Section			Deposited Plan				
Section B. Applicant Details											
Contact Pers	son										
Contact Phone											
Contact Ema	ail										
Company											
Postal Addre	ess										
Suburb						Postcode		State			
Section C. Please provide a brief description of purpose of the test (e.g. hydraulic assessment of 10 lot subdivision, 5 storey commercial building, max. flow rate required)											
Section D. Application Submission											
Applications must be delivered by one of the options below:											
Email:	Counci	l@qprc.nsv	w dov an								
Mail:				NSW. 2620							
Offices:											
	13 Gibraltar Street, Bungendore, NSW 2621										
	144 Wallace Street, Braidwood NSW 2622										
Section E. Payment of Fees											
Fees for this	service v	ary accord	ing to tes	ting parame	ters, site, a	and safety c	onsideration	S.			
You will be a	You will be advised of costs & payment methods following assessment of requirements.										
PLEASE NOTE: NO ACTION WILL BE TAKEN UNTIL PAYMENT IS MADE.											
Office Use Only											
	Accepted by										
Received on											
Receipt Number											