

# DISCONNECTION OF WATER SUPPLY APPLICATION FORM – WS4

To apply for a disconnection of a water connection from the Christchurch City Council's network, please complete this application form and attach any relevant supporting documentation. The processing of this application may be delayed if the form is incomplete.

**Return completed form via email to [water.connections@ccc.govt.nz](mailto:water.connections@ccc.govt.nz)**

CSR #

## Part A – Services required

Disconnection

Site Address:

Existing use:  Potable water supply  Fire connection  Other

## Part B – Applicant Details *Details of the person making this application*

Full name(s):

Street Address:

Mailing Address:

Phone:

Mobile:

Email:

## Part C – Site Details

Name:

Business name:

Position:

Street Address:

Mailing Address:

Phone:

Mobile:

Email:

## Part D - Authorisation

*I, the undersigned, hereby declare that the information given on this application is true and correct, that I am authorised to sign this form on behalf of the company/owner, and that I have read and understood the terms and conditions.*

Yes, I have read, understood and agree to the Council's terms and conditions as outlined in the Council's specification for water supply installers.

Name:

Signature:

Date: