

Special Water Meter Reading

Date: _____

Name: _____

Requested By: *(tick as appropriate)* Owner Property Manager Solicitor Phone No: _____

Address of meter to be read:

Read Date: _____

Address to send account:

Email Address: _____

TASMAN DISTRICT COUNCIL USE ONLY	
Account No: _____	Meter ID: _____
Meter Location: _____	
Previous Reading: _____	Date: _____
Present Reading: _____	Date: _____
Direct Debit: <input type="checkbox"/> Yes <input type="checkbox"/> No	