



Application Number: _____

EAM Number: _____

50 The Octagon, PO Box 5045, Moray Place
Dunedin 9058, New Zealand
Telephone: 03 477 4000, Fax: 03 474 3594
Email: dcc@dcc.govt.nz
www.dunedin.govt.nz

SEWER CONNECTION: APPLICATION FOR A QUOTE

☐ FOUL SEWER

☐ STORMWATER SEWER

NOTE: A standard fee, to be paid at the time of applying for a building consent, is set for connections up to and including 150mm. Sizes greater than 150mm will be quoted by Water and Waste Services on completion of this form.

I/We the undersigned request to be supplied with a sewer connection for the property with the following details:

Property Details	
Location/Address: _____ _____ _____	Legal Description: _____ Valuation Reference: _____ Plan No: _____ Recent Subdivision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Consent Number: _____	

Property Owner Details	Customer (Account Payer) Details if different from owner
Full Name: _____	Full Name: _____
Postal Address: _____	Postal Address: _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

Licenced Plumber / Drainlayer Details	
Name: _____	
Contact: _____	
Phone: _____	Email: _____

I/We as property owner or property owners agent make application for a sewer connection(s) as outlined above.

Signed: _____ Date: _____

☐ I have authority to act on behalf of the customer

If you have any queries regarding your application please contact the Dunedin City Council on 477 4000 and ask for the Customer Accounts Officer, Water and Waste Services.