



Townsville Water and Waste
QAF0190 REQUEST FOR CONNECTION QUOTATION



WWW.JAS-ANZ.ORG/REGISTER

Authorised by: Operations Centre Coordinator N00486

Effective Date: 24/08/2021

Applicant Details:			
Contact Name:			
Postal Address:			
		Post Code:	
Telephone:		Email:	
Applicant/Payer:			
Signature:		Date:	
Property Details:			
Owners Name:			
Site Address:			
Approved Development Application Reference Number (if applicable):			
Details of Proposed Works:			
NOTE 1: Please ensure a plan of location of works and size of connection is attached when submitting this form.			
NOTE 2: A quote will be sent to the applicant as detailed above. No payments are to be made on this form.			
NOTE 3: This form is not required for standard subdivisional connections.			
NOTE 4: This completed form is to be sent to: TCC-Enquiries@townsville.qld.gov.au			

Office use only	
Application Number:	
Date:	
Officer's Initials:	

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