

Office:
Date:/...../.....
Time:
Name:

Application for Fire Flow Pressure Testing

Please note: one fire hydrant tested per application

APPLICANT DETAILS (Mandatory)	
Title:	
Given Name/s:	
Surname:	
Company Name:	
Contact Number:	
Email (Mandatory):	
Address:	
ABN or ACN:	
Location/Address Test Required:	
Location of Hydrant to Test:	
GRC Asset Number of Hydrant: (if known)	

LODGEMENT		
Email to: info@gladstone.qld.gov.au	In Person at any Council Office during business hours	Post to: PO Box 29, Gladstone, QLD, 4680
<p>PRIVACY ACT PERSONAL INFORMATION COLLECTION NOTICE: "Gladstone Regional Council is collecting your personal information for the purposes of processing your request and undertaking associated Council functions and services. Council is authorised to collect this information in accordance with the Local Government Act 2009 and associated laws. Your personal information will not be disclosed to third parties without your consent, or, if required to do so by law. This document is subject to the provisions of the Information Privacy Act 2009, Right to Information Act 2009 and the Public Records Act 2002."</p>		

AUTHORISATION			
Applicants Name:			
Applicants Signature:		Date:	

OFFICE USE ONLY Customer Solutions Officer		
Receipt Code: RC668	Officer Name:	Date:
Application Signed	Application No:	Receipt No: