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Address all communications to:
The General Manager
PO Box 221
Nyngan NSW 2825

REQUEST FOR TESTING WATER METERS

DATE: _____

NAME: _____

ADDRESS: _____

CONTACT: _____ PHONE: _____

METER NUMBER: _____

SIGNATURE: _____

COST: \$ _____ (To be refunded if found faulty)

PAID: Cash / Cheque / Credit Card

RECEIPT NUMBER: _____