# Access Approval Awa Street Water Filling Point



| APPLICANT           |                |           |  |
|---------------------|----------------|-----------|--|
| Company<br>Name     | Contact Person |           |  |
| Phone numbers (day) |                | Mobile    |  |
| Postal Address      |                | Post Code |  |
| Email Address       |                |           |  |

Please note that companies with multiple vehicles wanting to access to the water filling point will need one user card per vehicle. **Number of user cards required : \_\_\_\_\_** 

## **CERTIFICATIONS REQUIRED**

All companies requesting access to the Feilding Awa Street Filling Point to cart water for potable use must be a MOH approved water carrier.

Sections 69K and 69L of the Health Act 1956 require Water Carriers to be registered and certified and renewed annually. This includes transporters of drinking-water that use trucks, trailers, vessels, rail wagons and demountable tanks.

All approved companies must maintain a current certification and registration. Should the certificate or registration lapse or be removed, the account will be put on hold and the card deactivated, until certification and or registration is renewed.

A copy of your registration and certification must be supplied with your application.

# **CONDITIONS OF USE**

#### **Access Card Deposit**

A deposit of \$60,00 is required to be paid at the time of picking up the access card. The deposit is refundable when the card is returned and any outstanding charges are paid.

#### **Access Card Responsibility**

The registered access card holder will be responsible for the payment of all water supplied to the card ID until the card is returned to Council or is reported lost.

## **Billing Period**

Water use will be billed monthly with payment required by the 20<sup>th</sup> of the following month. For water filing charges, please refer to the Manawatu District Council website for fees and charges

| OFFICE USE ONLY – MDC TO COMPLETE |      |  |  |
|-----------------------------------|------|--|--|
| Received by (officer)             | Date |  |  |
| Application<br>Approved           | Date |  |  |
| Payment Receipt                   | Date |  |  |
| Access Card Issued:               | Date |  |  |
| Name:                             | Date |  |  |