

**APPLICATION FOR STATIC PRESSURE TEST**

APPLICANTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ADDRESS WHERE TEST IS REQUIRED**

STREET NO: \_\_\_\_\_ STREET NAME: \_\_\_\_\_

TOWN/SUBURB: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

Please note: Test will only be completed after the application and fees have been received. Fees can be located on Council's web site.

Results will be forwarded under separate advices.

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**Office use only**

Council Fee Paid \$ \_\_\_\_\_

Payment Method \_\_\_\_\_ (Cheque – Cash – Credit Card)

Receipt No. \_\_\_\_\_ Property No. \_\_\_\_\_

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