



BUSSELTON WATER

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ABN 79 306 761 565

### Meter Test Request

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Property address: \_\_\_\_\_

Account no. \_\_\_\_\_

Receipt no. \_\_\_\_\_ Date paid: \_\_\_\_\_

Meter no. \_\_\_\_\_ Previous reading: \_\_\_\_\_

Date: \_\_\_\_\_ Today's reading: \_\_\_\_\_

Consumption: \_\_\_\_\_

Reason requested: \_\_\_\_\_

	Test meter	Property meter	*Initials
Reading at commencement			DO
			Witness
Reading at conclusion			DO
			Witness
Consumption			
Difference			
Percentage low			
Percentage high			

Meter tested by: \_\_\_\_\_ Signature: \_\_\_\_\_

Meter tested by: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Customer's signature: \_\_\_\_\_

\*To be tested by the Distribution Officer and one witness.