



CENTRAL IRRIGATION TRUST

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FORM I
2023/24

Application for Service Closure Meter to remain and service to be turned off at the isolation valve Service Re-location / Service Re-activation

NAME AND ADDRESS

I/We _____

Postal Address: _____

Email Address: _____

Contact Mobile: _____ Phone: _____

Service Closure / Service Re-location / Service Re-activation (please circle application type)

Outlet/s: _____ CIT Account Number: _____

PROPERTY ADDRESS (do not use street address, please complete table below)

Section Numbers	Allotment Numbers	Title Volume	Folio	Plan Type & Number

SERVICE DETAILS

Date Service to be Closed: _____

Type of Service: 1 = Non-Drinking Water Service / 2 = Industrial / 3 = Irrigation / 4 = Parks & Ovals / 5 = Sundry

Size of Service: _____ mm (25, 32, 50, 80, 100, 150, 200 mm common sizing)

I/We the Parties, whom are responsible for the above service.

Print Name: _____ Signature: _____ Date: ___ / ___ / 20__

Print Name: _____ Signature: _____ Date: ___ / ___ / 20__

Print Name: _____ Signature: _____ Date: ___ / ___ / 20__

Office Use

Application: Approved / Declined

Outlet Number: _____ Type: Standard / Firm Quote / Actual Cost / No Charge

Receipt No: _____ Fee: _____ Date Paid: _____

Financial Services Manager: _____ Date: _____