



# Application to Modify an Existing Service

FORM P  
2023/24

**CENTRAL IRRIGATION TRUST**

PO Box 34, BARMERA SA 5345  
Phone: 8580 7100 Fax: 8588 2001  
Email: office@cit.org.au

*Please present this form with all necessary payments and conditions met. CIT will advise if this service can be modified and if not achievable all payments will be refunded.  
(This account is GST free)*

## NAME AND ADDRESS

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

Postal Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Section Numbers	Allotment Numbers	Title Volume	Folio	Plan Type & Number	Outlet No.

Central Irrigation Trust District : \_\_\_\_\_ Fees \$ \_\_\_\_\_

## CURRENT SERVICE DETAILS

Type of Service: \_\_\_\_ 1 = Non-drinking Water Service 25mm / 2 = Industrial / 3 = Irrigation / 4 = Parks & Ovals / 5 = Sundry

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

## DETAILS of AMENDMENTS

Change Type of Service: \_\_\_\_ 1 = Non-drinking Water Service 25mm / 2 = Industrial / 3 = Irrigation / 4 = Parks & Ovals / 5 = Sundry

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

Details Relocate Service: \_\_\_\_\_

**I/We as the current owners, hereby agree to the proposed modifications to our existing service and the fees payable.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_

## Office Use

Application Number: \_\_\_\_\_ Type: Standard / Firm Quote / Actual Cost / No Charge

Application: Approved / Declined

Water Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Services Manager: \_\_\_\_\_ Date: \_\_\_\_\_