

T I M A R U



DISTRICT COUNCIL

PRIVATE STORMWATER DEVICE Inspection and Maintenance Sheet

Applicant Name:

Date & Time:

Property Address:

Stormwater Device Type:

Stormwater Register No. (For office use only):

An annual inspection/maintenance is required for your stormwater device

Device Name	Inspection Complete Date	Maintenance Complete Date	Photos and/or maintenance records attached
	/ /	/ /	Y / N
	/ /	/ /	Y / N

General observations, other maintenance carried out:

.....

I, the undersigned, have the authority both to make the statements set out above and to certify that all information within this form is true and correct

Owner/Managing Agent Signature	Printed Name	Date / /
Service Representatives Signature [if necessary]	Service Contractor Name	Date / /

This sheet, together with other inspection and/or maintenance reports, can be either emailed to:

Stormwater@timdc.govt.nz

Or mailed to:

**Stormwater Management
Timaru District Council
P.O. Box 522
Timaru**