

# APPLICATION TO ENTER INTO A COMMUNITY TITLE SCHEME SUB-METERING BILLING AGREEMENT



Please read the Community Title Scheme Billing and Sub-Metering Policy prior to commencing this application.

Applicant Details			
Community Title Scheme			
Address of CTS			
Postal Address:		Contact Name:	
Suburb:		Postcode:	
Email address:		Phone:	

In accordance with the CTS Billing & Sub-Metering Policy the Body Corporate wishes to enter into the following alternative Billing Arrangement:

## Option 2:

	All water consumption (as measured by the master meter) to be levied on the Body Corporate. [Note: Council will not be responsible for the reading of sub-meters under this option]
	<b>Supporting Documentation Checklist – Option 2</b>
	Copy of Minutes from a Body Corporate meeting agreeing to this option is attached

## Option 3:

	Individual accounts to each owner based on consumption measured by sub-meters. [Note: Any residual that is difference between the total of the sub-meters and the master meter, will be billed to the Body Corporate]
	<b>Supporting Documentation &amp; Acknowledgement Checklist – Option 3</b>
	Copy of Minutes from the Body Corporate meeting agreeing to this option 3 are attached
	Sub-meters are installed by the Body Corporate on all lots within the CTS
	For pre-existing sub-meters, meters are under 12 years of age and have recorded less than 3400 kilolitres
	The sub-meters are located on the common property and are easy to read and maintain in accordance with Part 4 of the <i>Queensland Plumbing and Wastewater Code</i> .
	Completed meter information sheet is attached
	Copy of Plumbing Compliance Certificate attached (where new meters have been installed)
	All sub meters installed meet class 2 accuracy requirements of both the National Measurement Institute Standard NSC R49 – 1 May 2001 and Australia Standard AS3565.1 – 2004 – Park 1

## Declaration

I declare that the above information is, to the best of my knowledge, true and correct. I understand that this application will not be processed unless ALL sections are completed and supporting documentation is provided.

Name	Signature	Date

**Logan City Council**

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