

\* completion is mandatory

# Record Request Form

Failure to complete all mandatory sections may result in the delay / return of your application.

Please refer to our guidance notes before completing your application where the associated fees are detailed.

\* **TYPE OF PLANS REQUIRED**

Size	Number of copies required		
	Water	Sewers	Joint
A4			
A3			
Electronic Copy			

\* Please note that the applicant is required to submit a Site Location Plan 1:1250 Ordnance Survey based map (or 1:2500 may be accepted) with the site boundary clearly indicated in red and relative to an existing feature.

In general most of the Record Requests processed allow for a suitable amount of detail when printed on A4 . However if a larger map is required you will be notified of any additional costs that should be paid prior to the Record Request being issued.

\* **1. Applicant's Details**

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Tel \_\_\_\_\_

County \_\_\_\_\_ Mobile \_\_\_\_\_

Postcode \_\_\_\_\_ Email \_\_\_\_\_

Date reply due: \_\_\_\_\_

\* **2. Site Details**

Site Name / House Number \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_ District Council Area \_\_\_\_\_

Postcode (if available) \_\_\_\_\_ OS Grid Ref \_\_\_\_\_  
(mid point) (12fig) (if available)

Date rec: \_\_\_\_\_

Please find herewith my payment in respect of £ \_\_\_\_\_

**Cheque should be made payable to Northern Ireland Water Ltd**

**No Cash should be sent through the postal system**

\* Signed \_\_\_\_\_

Name (Block Capitals) \_\_\_\_\_

Date \_\_\_\_\_

Customer Ref: \_\_\_\_\_  
Payment Rec Amount: \_\_\_\_\_

**Please return this completed form and application fee to:**

**Developer Services Coordination Team**

**Northern Ireland Water, Ballykeel Office, 188 Larne Road, Ballykeel, Ballymena, Co Antrim BT42 3HA**

**Tel:** 08458 770002

**Email:** developerservices@niwater.com

Office Use