

STAND PIPE ACCESS SWIPE CARD APPLICATION FORM

Completed Forms should be submitted to the Shire of Kondinin Offices in Kondinin or Hyden

Date:									
Full Name:									
Business:	ess: (if applicable)								
Address:									
Phone:			Email:						
New Card/s:							# Requi	red:	
OR Replacer	ment Card/s:	☐ Ca	ard # (if kno	wn):			# Requ	ired:	
		PURPOSE	FOR ACCESSI	ING STAN	IDPIPES				TICK
Livestock									
Spraying									
Domestic Use (Non Drinking)									
Domestic Us	e (Drinking)								
Other: Please Specify.									
s of Use 1) Swipe Ca following	rds are charged	ese fees.				eplaceme	ent. Cards v	will only	be approved
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