様式第１０号(第１３条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 給水装置所在地変更届  令和　　年　　月　　日  　　那珂市水道事業者  　　那珂市長　先　﨑　　光　　様  　私は、次のとおり給水装置所在地を変更したので、届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 旧給水装置所在地 | | | | | 那珂市　　　　　　　　番地 | | | | | | | | | | | | | アパート名  部屋番号 | | | | | | | | | | |
| 水栓番号 | | | | | | | 巡回順路コード | | | | | | | | 宛名区分 | | | | | | 検針員番号 | | |
|  | | | | | | | 地区 | | 整理 | | 枝 | | | |  | | | | | |  | | |
|  | |  | |  | | | |
| 量水器  関係 | | 口径 | | | | 用途 | | 社名 | | | 量水器  番号 | | | | 検定年月 | | | | | 取付年月日 | | | | | | | 指針 | |
| mm | | | |  | |  | | |  | | | |  | | | | |  | | | | | | |  | |
|  |  | | |  |  |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 新給水装置所在地 | | | 那珂市　　　　　　　番地 | | | | | | | | | | | | | | | アパート名  部屋番号 | | | | | | | | | | |
| 水栓番号 | | | | | | | | | 巡回順路コード | | | | | | | | 宛名区分 | | | | | | 検針員番号 | | |
| 旧水栓番号に同じ | | | | | | | | | 地区 | | 整理 | | 枝 | | | |  | | | | | |  | | |
|  | |  | |  | | | |
| 量水器  関係 | | 口径 | | | | 用途 | | 社名 | | | 量水器  番号 | | | | 検定年月 | | | | | 取付年月日 | | | | | | | 指針 | |
| mm | | | |  | |  | | |  | | | |  | | | | |  | | | | | | |  | |
|  |  | | |  |  |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 給水装置所有者 | | | | | | 住所 | | | 〒 | | | | | | | | | | | | | | | | | |  |
| フリガナ | | |  | | | | | | | | | | | | | | 電話番号 | | | |
| 氏名 | | |  | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 書類申請代理人  (施行業者名) | | | | | | 住所 | | | 〒 | | | | | | | | | | | | | | | | | |  |
| フリガナ | | |  | | | | | | | | | | | | | | 電話番号 | | | |
| 氏名 | | |  | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 課長 | | | 課長補佐(総括) | | | | | グループ長 | | | | グループ員 | | | | 電算入力 | | | | |  | | 入力年月日 | | | |  |
|  | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |
|  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |