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| **SEQ Water Supply & Sewerage Design & Construction Code** | | | | |
| **DOCUMENT IMPROVEMENT REQUEST FORM** | | | | |
| **FROM** | | | | |
| Name | |  | | |
| Position/Title | |  | | |
| Organisation/Company | |  | | |
| Address | |  | | |
| E-mail | |  | | |
| Phone | |  | | |
| Fax | |  | | |
| Date | |  | | |
| **TO** | | qldwater\_seq\_code@qldwater.com.au | | |
| **PROPOSED IMPROVEMENT** | | | | |
| **Code/ Document** | **Reference (Part, Clause, Page No. OR Standard Drawing)** | | **Comments** | **Suggested Changes** |
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| **Further Comments** | | | | |
|  | | | | |
| **Attachments** | | | | |
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| **OFFICE USE ONLY** | | | | |
| Request Number |  | Received Date |  | |
| Outcome of Review |  | | | |
| Comment/Decision |  | | | |
| Name and signature of approving service provider/s | | | | Date |