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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** |
|  |
|   |
| **OFFICE USE ONLY** |
| Request Number  |  | Received Date |  |
| Outcome of Review |  |
| Comment/Decision |  |
| Name and signature of approving service provider/s | Date |