

**PORT OF PORT HEDLAND -
FRESH WATER FOR SHIPS
FORM**



DATE: _____

NAME OF SHIP/VESSEL: _____

METER NUMBER _____

METER READING START: _____

METER READING FINISH: _____

TOTAL WATER TAKEN: _____

HOSES ROLLED UP AND RETURNED TO BOX: YES NO

HOSES UNDAMAGED AND IN GOOD CONDITION: YES NO

SIGNED: _____

PRINT NAME: _____

SEND COMPLETED FORM THROUGH TO: manifests@pilbaraports.com.au