

Application for Partial Relief from the Payment of Water Consumption Charges

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with Council's Water Meter Policy and Haemodialysis Policy. The personal information collected on this form will be used to assess the volumetric water charged. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Please tick you have read and understood - In order for this form to be processed, the application MUST be received by Council prior to the close of discount date for the relevant Water Notice as per Council Policy - Water Meters.

Please tick if completing this form for Inapparent

Plumbing Failure. Complete:

- Customer Details
- Details
- Customer Signature
- Attach Required Documentation

OR

Please tick if completing this form for Haemodialysis

Treatment. Complete:

- Customer Details
- Customer Signature
- Declaration from General Practitioner, Renal Specialist or Haemodialysis Manager

I/we make this application in accordance with Council's Haemodialysis Policy



Customer Details *(*phone contact details are required for processing purposes)*

Assessment number:			
Surname:		First name:	
Surname:		First name:	
Property address:			
Suburb:		Postcode:	
Owner address (if different):			
Suburb:		Postcode:	
*Phone (h):		*Phone (w):	
*Phone (m):		Fax:	
*Email address:			
How would you like to receive your response? (please tick one) <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail			



Details

Use of the property:
Describe the location of the water loss:
What was the cause of the loss, in your opinion?



How was the loss detected?	
When did you first become aware of the unusually high consumption?	Date: / /
When did you contact the plumber?	Date: / /
When were the repairs completed?	Date: / /
<p><u>Application made due to inapparent plumbing failure</u></p> <p>I/we certify that in my/our opinion, the reason for the unusually high water consumption was due to an inapparent plumbing failure.</p> <p>Tick one of the following only:</p> <p><input type="checkbox"/> I/we attach a licensed plumber's account substantiating the fact that the subject repairs were carried out, together with a statement from the plumber that the water loss was, in the plumber's opinion, due to an inapparent plumbing failure</p> <p><input type="checkbox"/> I/we attach a Statutory Declaration stating the fact that the subject repairs were carried out by my/our self due to an inapparent plumbing failure and were undertaken as soon as practical after the failure was detected.</p>	



Customer Signature

I/we the above named applicant/s, declare that the information set forth herein has been truthfully and correctly supplied by me/us.		
Name:	Signature:	Date: / /
Name:	Signature:	Date: / /



Declaration from General Practitioner, Renal Specialist or Haemodialysis Manager

I hereby declare that _____ is currently undergoing Haemodialysis treatment at the property listed over page.

Signature:	Date: / /
Name:	
Postal address:	
Phone:	

