

Office:
Date:/...../.....
Time:
Name:

APPLICATION FOR CONCESSION OF WATER CONSUMPTION CHARGES DUE TO A CONCEALED LEAK

***** RESIDENTIAL PROPERTIES ONLY *****

PROPERTY OWNER DETAILS			
SURNAME:		GIVEN NAMES:	
POSTAL ADDRESS:			
SUBURB:		POSTCODE:	
TELEPHONE:		MOBILE:	
PROPERTY ADDRESS DETAILS FOR WHICH CONCEALED LEAK HAS OCCURRED			
STREET ADDRESS:			
SUBURB:		POST CODE:	
ASSESSMENT No:		OTHER:	

GROUNDS FOR REQUEST (attach additional page if necessary)	
<p style="color: red;">Please submit a photo of the meter reading at time of inspection.</p>	
Was a licensed plumber engaged to make repairs: <input type="checkbox"/> Yes <input type="checkbox"/> No	

LICENSED PLUMBER'S DETAILS			
COMPANY:		NAME:	
ADDRESS:			
SUBURB:		POST CODE:	
TELEPHONE:		DATE REPAIRED:	/ /

Was the concealed leak the sole cause of the high water consumption for the billing period in question?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Plumber's Report on Repair of Concealed Leak attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Copy of Plumber's Invoice attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby apply for a concealed leak concession.

PROPERTY OWNER'S SIGNATURE:	DATE:
-----------------------------	-------

PRIVACY DISCLAIMER:

The Gladstone Regional Council is collecting your personal information on this form to process this request. The information will only be used by authorised council employees for the purposes of this request, or for the purpose of performing other Council functions and responsibilities. Your personal information will not be given to any other person or agency unless you have given us permission to do so or we are required to do so by law.

Office:

Date:/...../.....

Time:

Name:

PLUMBER'S REPORT ON REPAIR OF CONCEALED LEAK

***** RESIDENTIAL PROPERTIES ONLY *****

PROPERTY ADDRESS DETAILS FOR WHICH CONCEALED LEAK HAS OCCURRED

STREET ADDRESS:

SUBURB:

POST CODE:

ASSESSMENT No:

OTHER:

LOCATION OF CONCEALED LEAK AND DESCRIPTION OF WORK (attach additional page if necessary)

Please submit a photo of the meter reading at time of inspection.

I confirm that the leak was:

- in the internal water reticulation pipe, from the property water meter to a structure on the property;
- in a location and/or of a nature which contributed to it not being evident;
- repaired in conformity with the *Plumbing and Drainage Act 2002* and the *Standard Plumbing and Drainage Regulation 2003*.

I also confirm that the information in this form is a true and accurate record of the work carried out.

LICENSED PLUMBER'S DETAILS

COMPANY NAME:

PLUMBER'S NAME:

LICENCE NUMBER:

PHONE:

MOBILE:

ADDRESS:

SUBURB:

POST CODE:

TELEPHONE:

DATE LOCATED: / /

METER READING:

DATE REPAIRED: / /

PLUMBER'S SIGNATURE:

DATE:

PRIVACY DISCLAIMER:

The Gladstone Regional Council is collecting your personal information on this form to process this request. The information will only be used by authorised council employees for the purposes of this request, or for the purpose of performing other Council functions and responsibilities. Your personal information will not be given to any other person or agency unless you have given us permission to do so or we are required to do so by law.