Form 316 - Concealed Water Leak Application

Postal Address PO Box 31 Normanton QLD 4890	Administration Ph: 07 4745 2200 Fax: 07 4745 1340	Internet www.carpentaria.qld.gov.au council@carpentaria.qld.gov.au
 Note: If the application for the financial assistance is approved, the customer will pay for the full water charge of their annual water allocation plus \$200 and 25% of the remaining excess water charge. Example: A customer has an excess water charge of \$1,000. Customer pays the first \$200 of the excess water charge plus 25% of the remaining \$800. Customer would pay \$400 of the excess water charge and Council would pay \$600. 		Does the owner of the property receive a Council Pensioner Rebate on the Property? Yes No Section B – Property Where Leak Occurred
		Lot & Plan:
You have attached proo or verified plumbers repr concealed leak.		Property Address:
 Concealed leak. You have recorded two meter readings taken two weeks apart after the leak has been repaired. 		Suburb: Postcode:
You must lodge this app from the date of issue of Section A – Applicant De	f the water account.	Contact Details of Property Owner Phone:
Name:		Email:
Surname:		
Residential Address:		Section C – Details of Leak
Residential Address: Suburb:		Section C – Details of Leak Date Leak Detected:
Suburb: Postcode:	As Above	Date Leak Detected:
Suburb: Postcode: Postal Address:	As Above	Date Leak Detected: Date Leak Repaired: Brief description of the location of the leak and repair work carried out (please attach additional
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Suburb: Postcode: Postal Address: Town/Suburb:		Date Leak Detected: Date Leak Repaired: Brief description of the location of the leak and repair work carried out (please attach additional
Suburb: Postcode: Postal Address: Town/Suburb: State:		Date Leak Detected: Date Leak Repaired: Brief description of the location of the leak and repair work carried out (please attach additional
Suburb: Postcode: Postal Address: Town/Suburb: State: Home Phone:		Date Leak Detected: Date Leak Repaired: Brief description of the location of the leak and repair work carried out (please attach additional
Suburb: Postcode: Postal Address: Town/Suburb: State: Home Phone: Mobile Phone:		Date Leak Detected: Date Leak Repaired: Brief description of the location of the leak and repair work carried out (please attach additional



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Section D – Plumbers Details

Plumber Name:

Plumber Address:

Plumber Phone:

Plumber Email:

BSA Licence No.:

Plumber Signature (If plumbers invoice attached, plumbers signature not required):

Date:

Section E – Meter Readings After Leak Repaired

Meter Number (if known):

Read Date:

First Read:

Read Date:

Second Read:

Section F – Authorisation

The information I have provided is true and correct to the best of my knowledge.

Full Name:

Signature:

Date:

Section G - Office Use Only

Council Use:

Processing Officer:

Signature:

Date:

Notes:

Collection Notice: The personal information collected on this form is for purpose of carrying out the Local Government functions and will not be disclosed to any other party unless authorised or required by law.