

Undetected Leak Rebate Application Form

Privacy Notice: Council deals with your personal information in accordance with law, including the *Information Privacy Act 2009*.

This form is to be completed when applying for a rebate due to an undetected leak or other exceptional water loss within a property connected to Fitzroy River Water's water reticulation network. The criteria for a rebate is outlined in the Undetected Leak Rebate Policy – Residential and Undetected Leak Rebate Policy – Non-Residential.



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Customer Details		
Property owner name/s:		
First	Middle	Last
Organisation name (if applicable):		
Postal address:		
Preferred contact number:	Email:	
Property Details (where leak occurred)		
Street number and name:		
Suburb:	State:	Postcode:
Water assessment number:	Is this property: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	
Plumber's Details		
Plumbers name:		
Plumbers licence number:	Phone number:	
Leak Details		
Date leak fixed:	Type of leak: <input type="checkbox"/> Undetected leak <input type="checkbox"/> Exceptional water loss	
Please provide a description of where the leak/water loss was found, and how the leak/water loss was identified:		
Supporting Documentation		
Please remember to provide the following supporting documentation when submitting this form:		
<input type="checkbox"/> Statement signed by a licensed plumber who repaired the leak certifying that an undetected leak occurred and was undetectable by the customer (undetected leak)		
<input type="checkbox"/> Receipted invoice from licensed plumber (undetected leak)		
<input type="checkbox"/> Evidence of unauthorised use or activity including police report, demonstrated absence from the property for greater than two weeks and the inability to claim insurance cover (exceptional water loss)		
<input type="checkbox"/> Evidence of genuine circumstances of financial hardship (exceptional water loss)		
Declaration		
I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.		
Name:	Signature:	Date:

OFFICE USE ONLY	Date received:	Responsible officer:	Reference number:
	Approved by:		Date approved: