



Concealed Water Leak

10 Graham Place, CASINO
 19-25 Woodburn Street, EVANS HEAD
 Locked Bag 10, CASINO, NSW, 2470
 Phone: 02 6660 0300 Fax: 02 6660 1300 council@richmondvalley.nsw.gov.au

Concealed Water Leak – Application for Allowance Claim

Please complete all sections.

Property Details
Water Meter No:
Property owner/s as per notices:
Property Address:

Who carried out repairs <i>(property owner or plumber)</i>		
Plumber's invoice attached?	Yes £	No £
Date leak was identified		
Date water leak was repaired		
How did you become aware of the leak?		
Where was the leak situated?		
Possible cause of leak?		
Meter reading at time of repair <i>(if available)</i>		
Photo of meter number and meter reading	Yes £	No £
Photo of repairs carried out	Yes £	No £
Have you claimed for a concealed leak on this property previously?	Yes £	No £
Date of previous claim <i>(if any)</i>		

Additional Comments

Applicant Details	
Applicant phone number	
Applicant email:	
Relationship to property owner <i>(if different)</i>	
Authority to Act <i>(please attach copy Agency Agreement or Power of Attorney)</i>	Yes £ No £

NOTE:

Ratepayers not considered eligible for a concealed leak allowance will be liable for all consumption of water that has passed through the meter.

All overdue monies are subject to interest charges in accordance with Section 566 Local Government Act 1993

Signatures	
1. Applicant Name: (print)	
Signature:	Date:
2. Applicant. Name: (print)	
Signature:	Date:

Office Use	Records Use
Date Lodged:	
Property ID:	
Land ID:	