

Concealed Water Leak Remission Application Form

This form is to be used to apply for a remission on water consumption charges due to a Concealed Water Leak. Please refer to the Mount Isa City Council's current Concealed Water Leak Policy at www.mountisa.qld.gov.au for further details

APPLICATION FOR CONCEALED WATER LEAK REMISSION

Applicants Details

Name			
Email			
Postal Address			
Phone Number		Date	

Property Details

Street Address	
Assessment Number	
Property Owner Name	
Date you became aware of Concealed Water Leak	
Where was the Concealed Water Leak Located	

DETAILS OF LICENSED PLUMBER ENGAGED TO MAKE REPAIRS

Company Name			
Plumber Name		ABN	
Address		License No	
Date Plumber Engaged		Phone Number	
Date of Repair		Email	

REQUIRED SUPPORTING DOCUMENTATION

*** Please note that your application WILL NOT be accepted without the following attachments*

Copy of licensed plumber's invoice with the following details:

- Date plumber was contacted about the concealed water leak
- Date plumber attended the property for the concealed water leak
- The address of the property that the plumber attended
- Where the concealed water leak was located
- Scope of works carried out to repair the concealed water leak
- Confirmation that there was a concealed water leak on the property
- Date the concealed water leak was repaired
- Cost of repairing the concealed water leak

Statement in writing from the plumber detailing the above information in conjunction with the invoice if it is had not been recorded on the invoice

**** Please turn over to read and sign the Declaration ****

DECLARATION

- I am the property owner / property managing agent
- I have read and understand the extent of assistance available to me under Mount Isa City Council's current Concealed Water Leak Remission Policy
- I have read and understand the circumstances in which a remission will not be approved as detailed in Mount Isa City Council's current Concealed Water Leak Remission Policy
- I have read and understand my application will be assessed under the Mount Isa City Council's current Concealed Water Leak Remission Policy based on the facts, submitted supporting documentation and circumstances
- I can confirm that I understand that the loss of water was due to a 'Concealed Water Leak' as defined in Mount Isa City Council's current Concealed Water Leak Remission Policy
- I can confirm that repairs were completed by a licensed plumber within 14 days of me becoming aware of the Concealed Water Leak. If repairs were not able to be completed in this time frame, I have declared the circumstances that prevented this from occurring
- I understand that only two (2) applications may be granted per property within a five (5) year period, with the five (5) year period commencing from the date of approval of the first application for a remission on water consumption charges due to Concealed Water Leak
- By signing below, I hereby acknowledge that the information and supporting documentation supplied with my application is true and correct.

Owner Name:		Property Managing Agent: <i>(If Applicable)</i>	
Signature:		Date:	

OFFICE USE ONLY

OFFICE USE ONLY – RECEIVING OFFICER TO COMPLETE

Date Received:		Received By:	
Magiq File & Doc ID:		Forwarded to Revenue Department:	
Confirmed that Supporting Documents are attached:			YES / NO

OFFICE USE ONLY – REVENUE SECTION TO COMPLETE

Date Received:		Assessment Conducted:	
Remission Approved:	YES / NO	Decision Relayed to Customer:	YES / NO

PRIVACY STATEMENT

Mount Isa City Council is collection your personal information on this form in order to comply with its responsibilities and obligations as a Local Government. This information will only be accessed by authorised Council employees who have a legitimate need for the information to process applications, requests, etc. 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.

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