



## **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 <a href="www.mountisa.qld.gov.au">www.mountisa.qld.gov.au</a> for further details

Applicants Details Name							
Name							
Email							
Postal Address							
Phone Number			Date				
Duran auto Dataila							
Property Details							
Street Address							
Water Account Number							
Property Owner Name	Onnon-1134/ (	1 = = 1:					
Date you became aware of							
Where was the Concealed	Water Leak Locate	ed					
DETAILS OF LICENSED F	PLUMBER ENGAG	ED TO	MAKE REI	PAIRS			
Company Name							
Plumber Name		ABN					
Address		Licens	e No				
Date Plumber Engaged		Phone	Number				
Date of Repair		Email					
REQUIRED SUPPORTING DO			that your applications	ation WILL NOT be accepted ents			
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 Councils 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 Councils 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: (If Applicable)
Signature:	Date:

## **OFFICE USE ONLY**

OFFICE USE ONLY - RECEIVING OFFICE	R TO COMPLETE	
Date Received:	Received By:	
Magiq File & Doc ID:	Forwarded to Revenue Departmer	nt:
Confirmed that Supporting Documents are at	tached:	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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