## Request for Reduction of Water Consumption Charges

| I (inse   | rt name)   | am requesting a reduction of water consumption  |  |  |
|---|--|---|--|--|
| charge  | es for (insert address)  | for the following reason:   |  |  |
| 1)  | Concealed Leak (complete section 1)                              |   |  |  |
| 2)  | Faulty Water Meter (complete section 2)                          |   |  |  |
| SECTI   | ON 1 – Concealed Leak  |   |  |  |
| Please  | confirm the following:   |   |  |  |
|   | The leak occurred at the property, on the                        | owner's side of the meter; and  |  |  |
|   | The leak was a concealed leak; and                               |   |  |  |
|   | The property owner took all reasonable s as soon as practicable; | teps to ensure that the leak was located and repaired   |  |  |
|   | The leak was repaired by a licensed plum                         | ber; and  |  |  |
|   | The consumption charges incurred due to                          | the leak will cause financial hardship.   |  |  |
| Please detail the location and circumstances of the leak: |  |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   |  | eport from a Licensed Plumber to this Request of s Form and that this report meets the requirements of onsumption Charges Policy. |  |  |

**NOTE:** Section 6.2.2 of the **Reduction of Water Consumption Charges Policy** requires that an application for a reduction of water consumption charges for a concealed leak be accompanied by a report that confirms the following:

- Leak repaired by a Licensed Plumber; and
- The date the leak was repaired; and
- Details of the plumbing repairs undertaken; and

The leak was in a location and/or of a nature which contributed to it not being evident.

|         |  | _ |  |
|---------|--|---|--|
| SECTI   | ION 2 – Faulty Water Meter   |   |  |
| Please  | e confirm the following:   |   |  |
|         | I am requesting that the meter at (insert address or lot number) be checked to determine the accuracy of the meter;  | Э |  |
|         | I have paid the deposit amount for the purposes of assessing the accuracy of the meter;  |   |  |
|         | I understand that Council will organise to have the meter tested once the deposit payment is received;   |   |  |
|         | I understand that, if the meter is accurate within 5%, my deposit will not be returned and there will be no reduction of the water consumption charge.                     |   |  |
|         | I understand that, if the meter is not accurate within 5%, my deposit will be returned and Council will provide an appropriate adjustment to the water consumption charge. |   |  |
| SECTI   | ION 3 – Sign and Date  | _ |  |
| Name:   | · · · · · · · · · · · · · · · · · · ·  |   |  |
| Signati | ture:  |   |  |
| Date:   |  |   |  |
|         |  |   |  |
|         |  |   |  |
|         |  |   |  |

Please submit all Request Forms and relevant attachments to Burke Shire Council:

- In person:
  - Submit to the front counter of the Burke Shire Council Administration Office at Lot 65 Musgrave Street, Burketown QLD 4830
- By post:
  - Chief Executive Officer Burke Shire Council PO Box 90 Burketown 4830
- By email:
  - o To: office@burke.qld.gov.au
  - Subject: Attention CEO Reduction in Water Consumption Charges