## **Concealed Leak Remission Application**



Please read the Concealed Leak Remission Policy prior to commencing this application.

$\checkmark$	To be eligible for a remission, the below criteria must be met and ticked as confirmation of your understanding of the policy (incomplete applications will not be accepted).		
	The loss of water was due to a 'Concealed Leak' as per the definition in the Concealed Leak Remission Policy.		
	Property is an owner or non-owner occupied residential property, residential Community Title Scheme (including common property); or the leak occurred on a designated fire service.		
	The leak was repaired by a licenced plumber and a copy of the plumber's invoice or report is attached.		
	The leak was repaired within one month of identification/notification as defined in the Concealed Leak Remission Policy.		
	Application should only be made after you have received the account which is for the period impacted by the <i>leak</i> ( <i>Application needs to be made within three months of the issue date</i> ).		
	A remission has not been granted under this policy, to the applicant for this property within the last three years.		
	There has been no development, excavation, construction, or any landscaping works at the property in the previous 6 months.		
	I have read and understand the Leak Remission Policy and understand that if my application is approved for this leak, I will not be eligible for a remission on another leak within 3 years.		

Applicant Details				
Name		Assessment Number		
Property address where leak occurred				
Suburb		Postcode		
Postal Address				
Suburb		Postcode		
Email address		Phone		

DM# | Page 1 of 2



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Leak Details					
Date leak identified	How was the leak identified?				
Date leak repaired	Meter reading on date of repair				
ls your property part of a Community Title Scheme?	unit owners for properties that are	Note: The Body Corporate must apply on behalf of all unit owners for properties that are part of a Community Title Scheme where water consumption is divided between.			
Please provide a brief description of repair work and location of leak with the property.					

## Declaration

I declare that the above information is, to the best of my knowledge, true and correct. I understand that this application will not be processed unless *all* sections are completed, and a copy of the relevant plumber's report/invoice has been provided. I further understand that if my application is approved, I am still liable to pay all remaining charges once the eligible remission has been applied.

Name	Signature	Date

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## More Information:

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DM# | Page 2 of 2