



Application Form Water Consumption Adjustment (Concealed Leak)

Postal Address

LMB 7
Inglewood QLD 4387

Engineering Services

Ph: 07 4671 7449
Fax: 07 4671 7433

Internet/Email

www.grc.qld.gov.au
mail@grc.qld.gov.au

Applicants shall make themselves familiar with Council's Concealed Water Leak Policy, which is available by contacting Goondiwindi Regional Council or on Council's website at www.grc.qld.gov.au

Owners Details:

Mr Mrs Ms Miss

Business Name (if applicable):

Given Name:

Surname:

Billing Address:

Email:

Contact number:

Property & Water Meter Details:

Street Number:

Street Name:

Town:

Lot:

Plan:

Water Meter or Rate
Assessment Number:

Date Leak Detected:

Date Plumber Engaged:

Leak Repair Details (This section is to be completed by a QLD Licensed Plumber):

Where at the property did the
leak occur:

What caused the leak:

What repair work was carried out:

Water Meter Reading immediately
after repairs:

 KL (Black Numbers Only)

Date leak was repaired:

Licensed Plumber Declaration:

I hereby declare that I have read and understand the provisions of Council's Concealed Water Leak Policy and that the information provided in this application is true & correct. I understand that that the repairs made to the water service may be subject to verification by Goondiwindi Regional Council.

Licensed Plumber Name:	<input type="text"/>	Qld Licence Number:	<input type="text"/>
Business Name:	<input type="text"/>	ABN:	<input type="text"/>
Plumber Signature:	<input type="text"/>	Date:	<input type="text"/>

Policy Requirements Checklist:

Leak repaired within **14 days** of becoming aware of the leak:

Application submitted to Council within **30 days** of having leak repaired:

A copy of licensed plumber's invoice is attached as proof that the leak has been detected and repaired:

The following photographic evidence is attached:

- Area prior to repairs showing leak.
- Area around the leak showing location.
- Area on completion of repairs.
- Water meter reading when the leak was detected.
- Water meter reading immediately after leak is repaired

Owners Declaration:

I hereby declare that I have read and understand the provisions of Council's Concealed Water Leak Policy and that the information provided in this application is true & correct. I understand that inaccurate or false statements may cause my application to be delayed or rejected, and I give consent for Council to conduct an inspection of the above mentioned property to verify the details of this application should Council request such an inspection.

I have supplied all mandatory information as per requirements of the Goondiwindi Regional Council Concealed Water Leak Policy.

Owners Signature:	<input type="text"/>	Date:	<input type="text"/>
-------------------	----------------------	-------	----------------------

Office Use Only:
Date Application Received: