

# Undetected Leak Rebate Application Form

**Privacy Notice:** Council deals with your personal information in accordance with law including the *Information Privacy Act 2009*.

This form is to be completed when applying for a one off rebate, due to an undetected leak or other exceptional water loss within a property connected to Fitzroy River Water's water reticulation network. The criteria for a rebate is outlined in the Undetected Leak Rebate Policy – Residential and Undetected Leak Rebate Policy – Non-Residential.



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Customer Details			
Property owner name/s:			
First	Middle	Last	
Organisation name (if applicable):			
Postal address:			
Preferred contact number:		Email:	
Declaration			
I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.			
Name:	Signature:	Date:	
Property Details			
Property address:			
Street number and name	City	State	Postcode
Lot number:	Plan number:	Assessment number:	
Is this property:	<input type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential	
Plumber's Details <small>(this is a compulsory field required to be completed)</small>			
Plumbers name:		Plumbers licence number:	
Date leak fixed:		Phone number:	
Leak Details			
Type of leak:	<input type="checkbox"/> Undetected leak	<input type="checkbox"/> Exceptional water loss	
Please provide a description of where the leak/water loss was found, and how the leak/water loss was identified.			
Supporting Documentation			
Please remember to provide the following supporting documentation when submitting this form:			
<input type="checkbox"/> Statement signed by a licensed plumber who repaired the leak certifying that an undetected leak occurred and was undetectable by the customer <i>(undetected leak)</i>			
<input type="checkbox"/> Receipted invoice from licensed plumber <i>(undetected leak)</i>			
<input type="checkbox"/> Evidence of unauthorised use or activity including police report, demonstrated absence from the property for greater than two weeks and the inability to claim insurance cover <i>(exceptional water loss)</i>			
<input type="checkbox"/> Evidence of genuine circumstances of financial hardship <i>(exceptional water loss)</i>			

OFFICE USE ONLY	Date received:	Responsible officer:	Reference number:
	Approved by:		Date approved: