

Concealed Leak Financial Assistance Application

For this application, you MUST:

- Complete all questions on this form;
- Provide any mandatory supporting information identified on the form as being required to accompany your application.

Please allow **10 working days** for processing

SECTION 1 - PROPERTY DETAILS

Water Assessment number:

Property Address:

SECTION 2 - PROPERTY OWNER DETAILS

Owner's Full Name/s:

Residential Address

Postal Address:

Telephone:

Mobile:

Email:

SECTION 3 - APPLICATION

Is a new smart meter installed on your property? (if yes, this application is not eligible)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this property your Principal Place of residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this property tenanted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date the leak was IDENTIFIED:	___ / ___ / 20__	
	<input type="checkbox"/> Self Found	<input type="checkbox"/> Informed by Council
Is the current water bill more than 150 kilolitres above your previous notice (if no, this application is not eligible)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied for Concealed Leak Financial Assistance from Douglas Shire Council before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, when? And what assistance was provided?		

SECTION 4 - REPAIR DETAILS

Plumber's Name	
QBCC Plumber's Licence Number	
Date the leak was REPAIRED by licenced plumber:	___ / ___ / 20__
Was the leak concealed and undetectable by the property owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Licenced Plumber's detailed invoice attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide brief description of water leak	
Please provide specific location of leak within the property	
Plumber's Signature:	Sign & Dated:

SECTION 5 - DECLARATION

I/we declare that the information provided by me in this application is true and correct and I/we consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

Please note: If Council becomes aware of any ratepayer or individual providing false or misleading information in order to gain assistance for which he or she would otherwise not be eligible, the agreement with Council will become null and void and legal action to recover any of the debt may be taken.

Property Owner 1 Signature:		Date:	
Property Owner 2 Signature:		Date:	

Douglas Shire Council – Privacy Collection Notice:

Douglas Shire Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which the council manages personal information is governed by *the Information Privacy Act 2009* (Qld). We are collecting your personal information in accordance with the *Local Government Act 2009* so that we can assess and finalise your application. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.

OFFICE USE

<input type="checkbox"/> Assessment number written on form	<input type="checkbox"/> Copies of documentation attached
<input type="checkbox"/> ALL Questions answered	<input type="checkbox"/> Check rates database and ensure all details are correct