Application for Financial Assistance Concealed Water Leak

Please refer to the Concealed Water Leak Policy at www.cairns.qld.gov.au for details prior to completing this form or contact Customer Service on 1300 69 22 47.

Property Owner Details

Surname:		**Given Name:**	
Address:			
Phone:		**Mobile:**	
Email:			

Property Address for which Concealed Leak has occurred

Address:	
Assessment No: (refer to your water bill)	
Do you receive Council Pensioner Remission for this property?	**Yes** ☐ **No** ☐

Licensed Plumber engaged to make repairs:

Company Name:			
Plumber's Name:		**Licence No:**	
Address:			
Phone:		**Mobile:**	
Date of Repairs:			
Please provide a copy of the original Plumbers Invoice.		**Attached** ☐	

I have read and understood the extent of assistance available under the concealed water leak policy.

Property Owners Signature: _____ **Date:** _____

Please note:
Customers receiving metered water supplies from Cairns Regional Council are responsible for managing the water supply on their property i.e. from the property side of the water meter. This includes maintenance and repair of all water services on the property.

Please forward all correspondence to:

Email:	**Post:**	**In Person:**
waterbilling@cairns.qld.gov.au	Water Billing Cairns Regional Council PO Box 359 Cairns QLD 4870	Customer Service Centre 119-145 Spence Street Cairns QLD 4870

Privacy Disclaimer
Cairns Regional Council is collecting this information in order to process your application. This information may be disclosed to your nominated licenced plumber, but will not be disclosed to any other third party without your written or verbal authorisation or except as required by law.