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ABN: 68 284 130 046

Office Use:

Document ID:
Account No.:
Account Status:

Water Leakage Allowance Request Form

All fields are required to be completed.

Account Details

Water Account Number _____ Account Name _____

Property Address _____

Contact Number _____ Email Address _____

Postal Address _____

Applicant Details

Name: _____
(Please note readings will occur weekdays only, excluding public holidays)

Relationship to the property (Please tick)

☐ Real Estate Agent ☐ Owner ☐ Other (please specify) _____

Leak Details

Date leak was discovered _____ Date leak was repaired _____

Where leak was repaired _____
(i.e., Underground, underneath pavement, underneath grass, etc.)

What was the cause of the leak? _____
(i.e., Burst water main, irrigation deterioration, etc.)

Repair Details

Were the repairs carried out by a licensed plumber? ☐ Yes _____ ☐ No
(Name of Company)

Copy of invoice or provide written details of repair work carried out and materials used ☐ Yes ☐ No

Please attach any further evidence of the leak e.g., photos before and after work has been completed.

Full name of person completing this application _____

Signature of person completing this application _____ Date: ____ / ____ / ____

Please note Roxby Water will endeavour to make contact with you no later than 10 business days regarding this request. Should your account fall due in this time, payment is to be made by the original due date.