

Application for remission of excess metered water charges



Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to complete this form; and
- print clearly.

Please send this application to: Office Manager, Tararua Alliance, PO Box 7, Dannevirke 4942, or email to accounts@tararuaalliance.co.nz. For more information, phone (06) 374 5341.

Applicant details (Please print in CAPITALS)

Mr Mrs Miss Ms

I,
Full name of applicant

of
Postal address

apply for remission of excess metered water charges in respect of the property described in valuation references:

<input type="text"/>	/	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	/	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	/	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>

Information to support the remission of excess metered water charges

/ / 2 0
Date water leak was identified

/ / 2 0
Date the leak was repaired (provide proof of water leak being repaired)

How was the water leak identified? (Attach separate pages for detailed explanation, if required.)

Nature of the water leak. (Attach separate pages for detailed explanation, if required.)

Is this the first request for remission for the financial year? Yes No

Signature

Signature of applicant

/ / 2 0
Date

Office use only

Last meter reading Quarter read Excess Standard: 80m³

Write-off recommended: 50%: m³ **OR** % : m³