



# Concealed Water Leak

1 Stratheden Street, KYOGLE  
PO Box 11, KYOGLE NSW 2474  
Phone: 02 6632 1611  
Email: council@kyogle.nsw.gov.au

## Application for Allowance Claim

The claim must be submitted for the concealed leak, detected and repaired, within 30 days from the date of issue of the water/sewer account detailing the high consumption, or any other relevant notification from Council, whichever is earliest.

Please complete all sections

Property Details
Water Meter No:
Account Number:
Property owner/s as per notices:
Property Address:
Title Details:

Who carried out repairs ( <i>property owner or plumber</i> ):	
Plumber's invoice attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date leak was identified:	
Date water leak was repaired:	
How did you become aware of the leak?	
Where was the leak situated?	
Possible cause of leak?	
Meter reading at time of repair ( <i>if available</i> ):	
Photo of meter number and meter reading	Yes <input type="checkbox"/> No <input type="checkbox"/>
Photo of repairs carried out	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you claimed for a concealed leak on this property previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of previous claim ( <i>if any</i> ):	

Additional Comments

Applicant Details	
Applicant phone number:	
Applicant email:	
Relationship to property owner <i>(if different)</i> :	
Authority to Act <i>(please attach copy Agency Agreement or Power of Attorney)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**NOTE:**

Ratepayers not considered eligible for a concealed leak allowance will be liable for all consumption of water that has passed through the meter.

All overdue monies are subject to interest charges in accordance with Section 566 Local Government Act 1993

Signatures	
1. Applicant Name: (print)	
Signature:	Date:
2. Applicant. Name: (print)	
Signature:	Date:

Office Use	Records Use
Date Lodged:	
Account number:	
Property address:	
Title Details:	