

# Excess Water Remission Application



Assessment number	Water invoice amount
Name <i>(owner/ratepayer)</i>	
Property address	
Contact number	Email address

## Description of action taken

Current water meter reading	Date <u>DD / MM / YYYY</u>
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Continue overleaf if necessary:

- Please attach any receipts for the work/parts (photographs), plumber's invoice as proof of the repair.
- Ensure the leak has been repaired by checking your meter readings as a remission will only be granted once every 2 years as per the policy

_____ Applicant Signature	_____ Date (DD/MM/YYYY)
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Send to:

### Rates Department

- Post - Thames-Coromandel District Council, Private Bag 1001, Thames 3540 New Zealand
- Email - [customer.services@tcdc.govt.nz](mailto:customer.services@tcdc.govt.nz)

**Description of action taken**