

Excess Water Remission Application



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

Please complete this form in full before submitting to avoid unnecessary delays

Description of action taken

Continue overleaf if necessary:

- **Please attach any receipts for the work/parts (photographs), plumber's invoice as proof of the repair.**

Please provide 3x water meter readings, (after leak is repaired) minimum one day apart, up to seven days apart:

Current water meter reading	Date <u>DD / MM / YYYY</u>
Current water meter reading	Date <u>DD / MM / YYYY</u>
Current water meter reading	Date <u>DD / MM / YYYY</u>

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

Description of action taken