**Water Leak Rates remission application**

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| **Water leak rates remission may apply for a repaired leak on private water supply pipe** |
| **Private Water Supply Pipe** is the section of pipe between the point of supply and the customer’s premises through which water is conveyed to the premises. This may in some cases be a shared pipe supplying one or more other customers. The private supply pipe will not include any check meter installed on the pipe. **It does not include reasonably discernable water loss from** leaking taps, shower heads, toilet cisterns or other water appliances, Property sprinkler or other irrigation system, pools, ponds or similar systems, leaking hot water systems or plumbing relating to a faulty hot water systemRates remissions for a Private Water Leak will be considered on a case-by-case basis where evidence is provided that the leak was repaired upon discovery or within 21 days from the date of notification from Council, in accordance with the Kapiti Coast District Council Water Leak rates remission policy. |
| **Applicant Details (Owner to complete all sections)** |
| Water Account Number -------------------------------------- Date of Water Invoice -----------------------------Name --------------------------------------------------------------------------------------------------------------------------Address of Property --------------------------------------------------------------------------------------------------------Postal Address(if different from property address)------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------Phone --------------------------------------------------------------------------------------------------------------------------Email --------------------------------------------------------------------------------------------------------------------------- |
| **Date leak repaired:** ---------------------------------------- |
| **Number of Occupants in the household** (circle as appropriate):**1 / 2 / 3 / 4 / 5 / 6 / 7 +****Describe any other water use** (eg livestock/swimming pool etc)--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**Nature of the leak:** (please provide a brief description of the nature of the leak)-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |
| **Actions taken to repair leak:** (please describe the actions you have taken to fix the leak)ie: Repaired yourself OR engaged Plumber to repair (please attach copy of Plumbers Invoice)------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------ |
| **Conditions of Assessment**:* The excess water use is as a result of a leak from a private water supply pipe and evidence that the leak has been repaired is provided.
* In the absence of four previous quarterly readings normal water use may be assessed using the mean water use for an equivalent sized household using the invoice usage comparison chart; plus any other identified water use.
* Any rates remission approved, will only be applied to the districtwide water supply volumetric rates and the Districtwide water supply fixed rates will still apply.
* Payment of at a minimum normal water rates quarterly charges is required by each invoiced due date while applications are being considered.

Council reserve the right to retrospectively reassess any remission where incorrect information has been provided in this application. |
| **Declaration** |
| I/We, declare the information provided on this application is true and accurate to the best of my/our knowledge.Signature ------------------------------------------------------------------------------ Date: ------------------------------Printed Name -------------------------------------------------------------------------- |

***Please note it takes approx. 4-6 weeks to process applications and for you to receive a response.***

**Please return this form and all supporting documentation to any of the following;**

* **Kapiti Coast District Council, Private Bag 60601, Paraparaumu 5254**
* **Email to** **water.meters@kapiticoast.govt.nz**
* **Your nearest Kapiti Coast District Council Service Centre;175 Rimu Road, Paraparaumu, Mahara Place, Waikanae, Main Street, Otaki**

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| **OFFICE USE ONLY Application Number:** |
| **Direct Debit in place Yes / No Paused to date:** |
| **Service Request Number: SR** |