WATER AND SEWER TARIFF REBATE APPLICATION

Overstrand Municiapality
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This is an application to reduce the water consumption charges resulting from a water leak and malicious damage. The Municipality may, at its absolute discretion, provide a financial adjustment to the water rate tariff in accordance with the Overstrand Municipal Customer Care, Credit Control and Debt Collection Policy. A discount will be applicable on the excess sewer consumption charge as calculated. **Water leakage discount will not be considered in the instance of irrigation systems.** An application will only be regarded as a valid application if complete information and documentation as prescribed here is received.

	YES	NO	
APPLY FOR WATER			
APPLY FOR SEWER			

APPLICANT DETAILS

Title	Mr		Mrs		Ms		Miss		Body Coporate		Other	
Name												
Surname												
Postal address												
Phone(h)			Phone(w)				Mobile					
Email					ID No.							

PROPERTY AND ACCOUNT DETAILS WHERE LEAK OCCURRED

Municipal Account		Suburb		Property No	
Property Address					
				Postcode	

REQUIREMENTS FOR APPROVALS

I understand that the application is subject to the following:

(i)	Application is within 90 days after the leak has been repaired.	Yes	No
(ii)	The leak was repaired within 10 working days since its detection: or any further leagages were prevented effecrively after detection	Yes	No
(iii)	Applied only once in a cycle of 18 months	Yes	No
(iv)	Proof of payment for the conversion to a flow restrictor meter in the instance were a customer experiences a second leak within 18 months	Yes	No
(v)	Proof of repair and costs or an affidavit from any person who has repaired the leak, has been submitted, or plumbers report as well as the date of the repair	Yes	No

PLEASE NOTE: Discount for consumption will be calculated over the period that the leak was present by comparing the average consumption over a corresponding period. Any consumption above the average will be charged at the rebate tariff applicable, subject to a maximum period of 3 months

LEAK DETAILS

Date leak detected	/ /	Date leak repaired	/ /
Please provide brief description and specific location of leak within the property / attach plumbers report			

DECLARAATION AND SIGNATURE

I,		hereby declare that all documents and information provided are correct and not false		
Signature of applicant		Date	/ /	

OUTCOME OF APPLICATION (Office use)

Approved		Not Approved		Signed by: Divisional Manager Revenue		Date	/ /