

Remission Application Form

Private Bag 1001, Dargaville 32 Hokianga Road, Dargaville New Zealand Telephone 09 439 3123 Email: council@kaipara.govt.nz

Excess Water Charges

Applicant Details						
Name of Applicant						
Ratepayers Name (if different)						
Postal Address						
Contact Numbers	Telephone	Mobile	Fax			
Email Address			1			
Property/Remission Details						
Property Address						
Water Account		Valuation Number				
I am applying for a remission of water usage billed I have not received a previous remission due to a water leak I have had a plumber check the water system and it is no longer leaking I have supplied a report from a registered plumber showing the leak has been repaired I understand that if a remission is granted, it will disqualify me from being able to apply for a remission under this policy in the future. Reason for application						
Declaration I solemnly and sincerely declare that I have read and understood this application and certify that the information provided is						
true and correct in all respects, and that I am no less than 18 years of age. I have disclosed any other names that I am currently known under. I am aware that if I have deliberately provided false information in this application, I could face fraud						
or dishonesty charges in the Courts. I make this solemn declaration conscientiously believing the same to be true and correct by virtue of the Oaths and Declarations Act 1957.						
Signature		Date				
Name (please print)	Name (please print)					

Privacy Act Waiver

On the signing of this application:

Pursuant to the Privacy Act 1993, I authorise the Kaipara District Council to contact any agencies/companies or any other source including Government agencies to obtain and check (both now and in future) such information for the purposes of considering this application, and to assist in the enforcement of any agreement between myself and Kaipara District Council.

I understand I have the right to access and information Kaipara District Council may have collected with regards to this application, and to correct it if it is wrong.



For Office Use Only						
Date Received		Officers Initials				
Has this applicant/property previously received a remission?					Yes	No
Officers notes						
			ı		ı	
Signature	Date			Approved		Declined

Se	Senior Rates Officer				
	1	Check that all high water reading checks completed.			
	2	Put notes on file.			
	3	Attach account and meter details.			
	4	Attach plumber's statement.			
	5	Senior Rates Officer initials.			
	6	Senior Rates Officer Actioned: New Invoice/Credit Note.			
	7	Senior Rates Officer: Send letter and update account notes.			
	8	Senior Rates Officer: Put on property file.			