

KILLONE GROUP WATER SCHEME

LEAK ALLOWANCE APPLICATION FORM

Name: _____

Meter Number: _____

Phone Number: _____ Email: _____

LEAK & REPAIR INFORMATION

Estimated Leakage Period: From _____ To _____

Date Leak Was Repaired: _____

Description of Leak & Repairs:

☐ Plumbing Repair Receipt Attached ☐ Photos of Leak Attached

Declaration:

I hereby apply for an allowance for the water lost due to the above-described leak and certify that the information provided is accurate.

Date: _____ Applicant's Signature: _____

For Office Use Only: ☐ Approved ☐ Not Approved

Reviewed by: _____ Date: _____

Return to:

Killone Group Water Scheme
Newhall
Tiermaclane
Ennis
Co Clare V95 PXR9

KILLONE GROUP WATER SCHEME

WAIVER OF FEES REQUEST FORM

Name: _____

Meter Number: _____

Address: _____

Phone Number: _____ Email: _____

Reason for Waiver Request (tick):

☐ Water Leak ☐ Pipe Burst ☐ Faulty Meter ☐ Other: _____

Description of issue:

Request for Fee Waiver for Billing Period: From _____ To _____

Supporting Documents Attached: ☐ Yes ☐ No

Declaration:

I hereby request a waiver of fees due to the issue stated above and certify that the information provided is accurate.

Applicant's Signature: _____ Date: _____

For Office Use Only: ☐ Approved ☐ Not Approved

Reviewed by: _____ Date: _____

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