**APPLICATION**



**APPLICATION FOR REIMBURSEMENT PLUMBING /DRAINLAYING**

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| Whakatāne District Council, Private Bag 1002, Whakatāne 3158 | Ph: 07 306 0500 | Fax: 07 307 0718 | | | | | |
| 1. This form is an application for the property owner to claim back costs for plumber or drain layer works where you believe it was Council responsibility. It is still your responsibility to pay the contractor as per their terms of engagement and any reimbursement will be paid directly to you. 2. Council has discretion to reimburse some or all of the costs incurred in engaging a plumbing or drain laying contractor. Any such payment is ex gratia and without prejudice and Council is not liable for the quality of the contracted works. 3. This reimbursement is only for faults in the reticulation network and not intended for private property repairs (except in certain circumstances) 4. Financial Details: A deposit slip or statement header MUST be supplied for payment. 5. Reimbursement Details. (name of plumber/drain layer and address of fault) | | | | | |
| **Please fill in all sections of this form and include photo or video evidence, attach all invoices and send to us via one of the following methods:** | | | | | |
| Email: info@whakatane.govt.nz | | | | | |
| Fax: (07) 306-2692 | | | | | |
| By Hand: In an envelope marked Attention: Three Waters Administration Depot | | | | | |
| Post: Whakatāne District Council, Private Bag 1002, Whakatāne 3158 | | | | | |
| Name of plumber or drain layer: | |  |  | | |
| Street Address of fault: | | | | |  |
| Do you believe that the invoiced cost is reflective of the work completed? Yes No (Please circle) | | | | | |
| If no, please explain | | | | | |
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| **Official use only**: |  | | | | |
| Creditor Name | | | | Officer Name | |
| Amount Approved $ | | | | Date | |
| 1. I am satisfied that the costs incurred were due to a problem in the Council Network 2. I believe the costs are reasonable in the circumstances and therefore recommend this reimbursement payment | | | | | |
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