

Magheracloone Group Water Scheme

Registered Office
Greaghlonge
Carrickmacross
Co Monaghan.
0429667812
A81R791

Date: _____

Application Form

I wish to apply to the committee of the above water scheme for a leak allowance.

Name: (Block Caps) _____

Address:

Eircode Address:
(For connection) _____

Contact number: (mobile) _____

Email address: _____

Meter number: _____

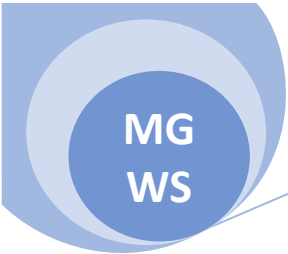
Written explanation on how the leak occurred explaining what caused the leak (unsuitable materials/ poor workmanship, etc.) and what steps has been taken to ensure that the leak doesn't occur again. Attach photographs where possible to back up your claim.

Chairman
Brendan Duffy
087 2284256

Secretary
Damien McEntee
087 9482821

Caretaker
Leigh Cruikshank
087 7218321

Scheme Administrator
Joanne Carragher
0429667812



Magheracloone Group Water Scheme

I declare that the information given by me above to be a true and accurate account of the events that occurred and that no attempt has been made to mislead or to make gain where there has been no genuine leak.

Signed; _____

FOR OFFICIAL USE ONLY

	<u>Previous year Quarter</u>	<u>Current year Quarter</u>	<u>Difference</u>
<u>Meter reading</u>			
<u>% of previous qtr</u>			

Date that leak was detected; _____

Date of notice given; _____

New or Recurrent leak; _____

Granted/Denied

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