Registered Office

Greaghlone

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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 have been taken to ensure that the leak doesn’t occur again. Attach photographs where possible to back up your claim.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Previous year Quarter | Current year  Quarter | Difference |
| Meter reading |  |  |  |
| % of previous qtr |  |  |  |
|  |  |  |  |

Date that leak was detected; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of notice given; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New or Recurrent leak;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Granted/Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_