



1. IMPORTANT INFORMATION FOR OWNER

1. This form is an application for you [the owner] to claim back costs for a drainlayer where a Rotorua Lakes Council (RLC) fault was the cause. **It is still your responsibility to pay the drainlayer as per their terms of engagement** and any reimbursement will be paid direct to you.
2. Section 6.5 of the Water Services and Trade Waste Bylaw 2010 states that Rotorua Lakes Council is not liable for damage due to faults in the reticulation network; however, at our discretion we can make payments for damages in certain circumstances.
3. We endeavor to reply to this request within two working days. Any payment will be made on the following Council payment day [5th, 10th, 20th & last working day of each month].

Please fill in all sections of this form, attach all invoices, and send to us via one of the following methods:

- Email: info@rotorualc.nz
- Fax: [07] 351 8325
- By hand: In an envelope 'Attention: Utilities Engineers' at the Customer Centre, 1061 Haupapa Street
- Post: Private Bag 3029, Rotorua Mail Centre, Rotorua 3046

2. PERSONAL DETAILS

Owners first name: _____
Surname: _____
Postal Address: _____
Phone number/s: _____ Email: _____

3. FINANCIAL DETAILS

A deposit slip or statement header **MUST** be supplied for payment.

4. REIMBURSEMENT SOUGHT

Name of drainlayer: _____
Street address of fault: _____
Do you believe that the invoiced cost is reflective of the work completed? Yes No
If no, please explain? _____

This acts as a check for Council as we are often not on-site during the callout. Your personal information including your answer will not be disclosed outside of Council.

5. OFFICE USE ONLY

Creditor Name: _____
I _____, Operations Engineer, Utilities have done the following as per Section 6.5 of the Rotorua Lakes Council Water Services and Trade Waste Bylaw 2010:

1. Satisfied myself that the costs were incurred due to a problem in the Rotorua Lakes Council network.
2. Used my discretionary powers under the Bylaw to accept the costs as reasonable in the circumstance and henceforth approve payment as per the attached AP2 form.

Signed: _____ Date: _____