

Leak Allowance Application

1.

Please read the notes below on our Leak Allowance Policy before completing this form.

- ◆ The leak must have been underground and unsuspected to qualify for an allowance.
- ◆ An allowance is only given once the leak has been fixed.
- ◆ The leak must be fixed within 30 calendar days of the customer being aware of the leak in order to qualify for an allowance.
- ◆ Customers are only allowed one leak allowance claim per lifetime enjoyment of the property.
- ◆ Customers are only able to apply for an allowance going back two quarters before their last bill received.

Applicant Contact Details:

Name: _____ Customer No. _____

Contact Number(s): _____

Email Address: _____

Supply Address & Details:

Property Address: _____

Are you the: Owner Tenant

Postal Address (if different to above): _____

Have you made an allowance claim for this property with Guernsey Water before? _____

Details (date/allowance given): _____

. Website: www.water.gg . Tel: 01481 239500 . Email: customer.service@water.gg .

. PO Box 30, Brickfield House, St Andrews, GY1 3AS .



Leak Details:

What alerted you to the leak? _____

Date detected: _____ Number of leak points: _____

Has the leak been repaired? _____

Who repaired the leak? (Full name/company name) _____

_____ Date of repair: _____

Please state the work undertaken in order to repair the leak: _____

Location of leak in relation to your property:



Example.

The diagram shows a horizontal line representing a road, labeled 'Road' at its right end. Below the road, there is a rectangular shape representing a house, labeled 'House'. A red dot, labeled 'Leak', is positioned on the road line, directly above the house. A thin line connects the red dot to the top edge of the house, indicating the location of the leak relative to the property.

Insurance Details:

Who is your household insurer? _____

Have you made a claim with your insurer for the leak? If yes, at what stage is your claim?

Does your insurer cover part/all of the water loss costs? _____

Please enclose a copy of your insurance letter in order for us to assess your claim

Usage Details:

To help us assess your allowance, are there any reasons your previous quarterly usage could contain anomalies? e.g filling of a swimming pool, extra house guests etc.

Supplementary Notes – Please Read Carefully

The States of Guernsey, (Guernsey Water) will process any personal information you may provide via this form in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. If you are completing this application on behalf of a customer please ensure that they are aware of this and that they consent to their personal data being released to us and held in this manner. For further information about how your personal data is processed by Guernsey Water, please visit our website www.water.gg where you will find our full Fair Processing Notice. Alternatively, please contact the Data Guardian, Guernsey Water, PO Box 30, Brickfield House, St Andrews GY1 3AS.

I hereby certify that the information I have supplied in this application is true and correct to the best of my knowledge. I understand that any persons named on this form may be contacted by Guernsey Water to discuss the circumstances regarding the leak.

Signature: _____

Date: _____