



WATER CONSUMPTION CONCESSION FOR HOME DIALYSIS

Please use BLOCK LETTERS and complete all details in full.	Privacy Statement: <i>The Cassowary Coast Regional Council respects your privacy. Personal information on this form is collected in accordance with Local Government Regulation 2012 and is used only by Council staff for the purpose of this form. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to do so by law. You may apply to access this information on the appropriate form obtainable from Council Website at any time.</i>
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Important Information:	<p>To be eligible, the following must occur:</p> <ul style="list-style-type: none"> An application form from Council must be completed by the applicant; The patient to provide documentation that the treatment is being undertaken on the property including commencement date of the treatment and if applicable the date the renal dialysis ended; The application form must be received by Council prior to the end of the discount period of the first concession being applied; Applicants must reapply every three years. <p>Application for Concession Approval:</p> <ul style="list-style-type: none"> If the application for concession is approved, the water consumption and consequent charges will be adjusted accordingly and payable annually in July of the following financial year; The concession is calculated on the basis of the number of sessions per week as shown in Schedule two below; It is the responsibility of the applicant to advise Council if home renal dialysis is no longer undertaken on the premises.
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Section 1 – Applicant(s) Details

Applicant Name:	
Postal Address:	
Email:	
Mobile/Phone:	
Property No:	
Lot & Plan:	
Property Address:	

Section 2 – Particulars

Water Meter No:	
Date Treatment Commenced:	
Frequency of Treatment:	
Length of Treatment:	
Supporting Document Provided:	Yes <input type="checkbox"/> No <input type="checkbox"/>

I/we acknowledge the above details to be true:

Applicants Signature:		Date:	
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FOR OFFICE USE ONLY

Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Journal No:	
Noted on the file:		Letter issued:	
Processed by:		Date:	
Checked by:		Date:	