

Excess water charge dispute form

| | | | |
|--|--|--------------|--|
| Fields marked with caret (^) are office use only. | | | |
| Tenant contact details | | | |
| TMS Account no ^ | | Date | / / |
| First Name | | Surname | |
| Street Address | | | |
| Suburb | | Postcode | |
| Mobile | | Other number | |
| Email address | | | |
| For the Department of Territory Families, Housing and Communities to investigate your dispute, please fill in the information below. | | | |
| Were you aware of any plumbing problems at your house in the last year? (e.g. Leaking pipes or taps, running toilet and/or repairs to hot water system) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please specify: | | | |
| | | | |
| | | | |
| Did you report the incident to the CEO (Housing)? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was the problem repaired? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, when was it repaired? | | | / / |
| Did you have any extra people staying at your house in the last year? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How long were they there for? (Give as close to the length of time as possible) | | | |
| Did you tell the CEO (Housing) of the extra people? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were you away from your house at all in the last year? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how long were you away? | | | |
| Did you tell the CEO (Housing) you were going away? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Have you put in a sprinkler system in the last year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what month and year did you put in the sprinkler system? | |
| Please list any other information that may be relevant to the reasons for the excess water charges | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Declaration – read this before signing

The Department of Territory Families, Housing and Communities only collects personal information which is reasonably necessary, or related to, its functions and activities. If you do not provide the Department with the requested information, we may not be able to provide you with the services or assistance that you are seeking. The information collected will be handled as outlined in our Privacy Policy, which is available on [Information Privacy Policy](#) or can be requested by contacting the Department. By providing your personal information in this form, you consent to the collection, use, storage and disclosure of your personal information as described in our Privacy Policy. You have a right to access and correct any information about you. If you have any queries or concerns about how your personal information is collected and used, please contact the Legal and FOI Unit on (08) 89992602.

| | | | |
|-----------|--|------|-----|
| Full name | | | |
| Signature | | Date | / / |

| Housing Office Use Only ^ | | | |
|--|-----------|-----------------------------------|---|
| Billing period (attach bill) | | TMS Account Number | |
| Current rate per kilolitre (e.g. \$1.9613 cents) | | Previous years usage (Kilolitres) | |
| Meter number | Read date | Meter reading | Consumption |
| | | | |
| | | | |
| | | | |
| Total kilolitres used less allowance (500) | | | |
| Total excess water in kilolitres | | | |
| Total charge at current rate per excess water kilolitre usage | | | \$ |
| What period did the high usage occur? | | | |
| Were there extra people at the house during this time? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Was there a water related maintenance issue with ASNEX? (if no, attach printout – 4.2 history) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, briefly detail | | | |
| Did the tenant advise the CEO (Housing) of the issue? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the issue been repaired? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, were the repairs carried out within the specified time frame allocated to the contractor in AIS? | | | |
| Were letters advising the tenant of their excess water debt sent? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, when? | | | |

Recommendation – To be completed by Action Officer ^

After reviewing all the information provided by the tenant, CEO (Housing) records, and a search in ASNEX:

- (a) The investigation shows a nil write-back is recommended due to high water usage by the tenant. The tenant is responsible for the excess water bill period _____ / _____ (insert billing period) for the amount of \$_____.

- (b) A partial / full write-back (circle applicable) for the excess water charge is recommended for consideration of the _____ / _____ (insert billing period) for the excess water bill. Maintenance work was carried out in the **1st, 2nd, 3rd, 4th or 5th** (circle applicable) readings on the water bill. The Finance unit will be notified to write-back the debt amount of \$_____ against the tenant's account.

Supported / Not Supported

| | | | |
|----------------|--|------|-----|
| Officer's name | | | |
| Title | | | |
| Signature | | Date | / / |

Approved / Not Approved

| | | | |
|-----------------|--|------|-----|
| Delegate's name | | | |
| Title | | | |
| Signature | | Date | / / |

If any approval for a write-back is granted, send this form to the Property and Rates Officer via email: PropertyRates.TFHC@nt.gov.au to adjust the account with a credit note and TRM to group file.

Property and Rates Officer confirmation

| | | | | | |
|------|--|-----------|--|------|-----|
| Name | | Signature | | Date | / / |
|------|--|-----------|--|------|-----|