

| APPLICATION FOR PLUMBERS REIMBURSEMENT CLAIM FORM | | | | |
|---|--|--------|-----------|-------------|
| PLUMBERS DETAILS | Business/Applicant Name: | | | |
| | QBCC License Number: | | | |
| | Contact Person: | | | |
| | Postal Address: | | | |
| | Locality / Town: | State: | Postcode: | |
| | Phone: | Email: | | |
| | Applicant's Declaration: <i>I declare that I am authorised to make this Application and that all the information provided in this Application is true and correct. I have read the information contained in this Application Form and agree to comply with the said information.</i> | | | |
| | PLUMBERS SIGNATURE: | | DATE: | |
| SITE LOCATION – FULL SITE ADDRESS | Property Owner / Tenant: (if known) | | | |
| | Property Address: | | | |
| | Locality / Town: | State: | Postcode: | |
| | Owner / Tenant Signature: | | Date: | |
| DETAILS OF WORKS COMPLETED | | | | |
| | Date: Arrival Time:am/pm Leave Time:am/pm | | | |
| CLAIM DETAILS | Claim Details | Hours | Rate/Hour | Total Hours |
| | Labour | | | |
| | CCTV | | | |
| | Other | | | |
| | | | | |
| *No payment is to be made to the plumber by the Customer for costs associated with Banana Shire Council | | | | |
| DECLARATION | I declare the above details are correct, | | | |
| | Claimant Name: | | | |
| | Claimant Signature: Date:..... | | | |
| <p>The original Tax invoice must be attached to this form and sent to: enquiries@banana.qld.gov.au or handed to Customer Service Centre in Biloela, Moura or Taroom.</p> | | | | |

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| BANANA SHIRE AUTHORISED REPRESENTATIVE | I declare the above details are correct, | | |
| | BANANA SHIRE COUNCIL AUTHORISED REPRESENTATIVE USE ONLY | | |
| | Confirm Property Address | Correct <input type="checkbox"/> | Amended <input type="checkbox"/> |
| | Notification of Sewer Block to Council by | Customer <input type="checkbox"/> | Plumber <input type="checkbox"/> |
| | Date Council Attended the site | | |
| | Has the Plumber correctly identified a Council Sewer main blockage? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Claim Approved | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If NO, state reason why: | | | |
| BSC Authorised Rep Name:..... | | | |
| BSC Authorised Rep Signature: Date:..... | | | |
| PRIVACY NOTICE | Banana Shire Council is collecting your personal information to process your application. The information will not be disclosed to any other person or agency external to council without your consent, unless required by or authorised by law. Personal information will be handled in accordance with the information Privacy Act 2009. | | |
| PAYMENT OPTIONS | IN PERSON You can pay at Council's Customer Service Centre's: 62 Valentines Road, Biloela; Gillespie Street, Moura; Yaldwyn Street, Taroom. BY PHONE Customer Service staff will contact you regarding payment via credit card or debit once this form is received. | | |
| OFFICE USE ONLY | TOTAL: | RECEIPT NO. | DATE: |