Customer Service | 1300 292 872 | (02) 6670 2400 PO Box 816 Murwillumbah NSW 2484 ABN 90 178 732 496 | tsc@tweed.nsw.gov.au | www.tweed.nsw.gov.au



# Residential Water Saving Rebate Application Form

Please return the completed Application Form with a copy of receipt/s and plumber's account to:

- By post: Water Saving Rebates, Tweed Shire Council, PO Box 816, Murwillumbah NSW 2484; or
- By email: tsc@tweed.nsw.gov.au; or
- In person at the Civic and Cultural Centre, 10-14 Tumbulgum Road, Murwillumbah NSW 2484; or
- In person at the Civic and Cultural Centre, corner of Brett Street and Wharf Streets, Tweed Heads NSW 2485

Please note the offer is for replacement of existing showers, spouts and mixers and the installation of aerators and flow control valves on existing basins and sinks only and does not apply to new development subject to BASIX

PROPERTY OWNER (Tenants must get owner or managing agent to apply and sign)							
Name/s							
Street Address							roperty where ve been installed
Town					Postcod	е	
Postal Address							
Town					Postcod	е	
Ph (hm)		Ph (wk)			Mob		
MANAGING AC	SENT (Managin	g Agents r	nust prov	vide proof c	of authority t	o act on beha	alf of owner)
Business Name/s					Conta Nam		
Street Address							
Town					Postcoo	е	
Postal Address							
Town					Postcoo	е	
Ph (wk)		Mob					
SHOWER DETA To qualify, sho rated with an a	wers must be a						
Shower 1	Brand			Model No.		WELS ra	ating
Shower 2	Brand			Model No.	_	WELS ra	ating
Purchased from				Purchase	date		(attach copy of receipt/s)
Installed by				Installation	date		

SPOUT AND MIXER DETAILS To qualify, spouts and mixers must be at least 4-star WELS rated with an average flow rate of 6 to 7.5 L/min or less.							
Spout/Mixer 1	Brand		Model No.		W	/ELS rating	
Spout/Mixer 2	Brand		Model No.		W	ELS rating	
Purchased from			F	Purchase date		(attach	n copy of receipt/s)
Installed by				Installation	date		
AERATOR DETAILS To qualify, aerators must be at least 4-star WELS rated with an average flow rate of 6 to 7.5 L/min or less.							
Aerator 1	Brand		Model No		\	WELS rating	
Aerator 2	Brand		Model No		, <u> </u>	WELS rating	
Purchased from			F	Purchase date		(attach	n copy of receipt/s)
Installed by				Installation	date		
FLOW CONTROL VALVE DETAILS To qualify, flow control valves must be at least 4-star WELS rated with an average flow rate of 6 to 7.5 L/min or less.							
Control Valve 1	Brand		Model No		·	WELS rating	
Control Valve 2	Brand		Model No		·	WELS rating	
Control Valve 3	Brand		Model No		·	WELS rating	
Control Valve 4	Brand		Model No		·	WELS rating	
Purchased from			F	Purchase date		(attach	n copy of receipt/s)
Installed by	Installed by Installation date						
WATER METER READING AND PROPERTY DETAILS							
Please read your water meter as close as possible to the day that the products are installed.							
Water Meter Reading as at installation black date: red numbers							
No. of people in household No. of bedrooms in the home							

## Residential Water Saving Rebate Application Form I agree to the following conditions: 1. The rebate of up to \$100 will be paid as a cheque and sent to the postal address nominated above, upon receipt of this application form at Tweed Shire Council's office and verification of eligibility as per the conditions set out in the promotional material; and 2. I agree to claim only one (1) rebate for each water customer account i.e. for each household or dwelling; and 3. I agree to refund the rebate amount to Tweed Shire Council if I return or exchange any of the products within twelve (12) months; and 4. I agree to allow Tweed Shire Council to audit my premises to verify that the new showers, spouts, mixers, aerators and/or flow control valves have been installed satisfactorily; and 5. I agree to allow Tweed Shire Council to contact me for promotional purposes with a view to doing a news story celebrating my water savings to others; and 6. I have completed the Application Form as fully as possible. The information contained in this Application Form is truthful and correct and I am eligible for the rebate. Providing false, misleading or incomplete information may impact on the ability of Tweed Shire Council to accurately assess your application; and 7. I have read and understand the Eligibility Conditions, including the Privacy Statement (below) and agree that by signing this application I accept those terms and conditions. Signature of **Applicant** Date PAYMENT WILL BE MADE BY CHEQUE Do you prefer direct credit instead? YES - complete page 4 form NO - Do not complete page 4 form PRIVACY STATEMENT: The information in this application is provided by you voluntarily and is being collected by Tweed Shire Council in accordance with the Privacy and Personal Information Protection Act 1998, for purposes related to the administration of the rebate scheme under which you have applied, including the assessment of the effectiveness of the scheme. This may involve disclosing the information in this application to contractors engaged by Tweed Shire Council or to other local councils or government agencies. Tweed Shire Council agrees to take all reasonable measures to ensure that the personal information collected by it is stored securely. You may access or correct your personal information by contacting Tweed Shire Council by telephone on (02) 6670 2400 or by writing to: General Manager, Tweed Shire Council, PO Box 816, MURWILLUMBAH NSW 2484. How did you find out about the Residential Water Saving Rebate? Tweed Link Plumber / Builder Information Stall Tweed Shire Council Website TV Advertising Real Estate Agent Phone Inquiry Local Paper Letter from Council Shopping Centre Cinema Advertising Word of mouth Other

Creditor No. ZZ0002 Job No. B0917.8221

Property No. Meter No. Checked by Calculated by Authorised by

# You only need to complete this form if you do not wish to receive a cheque.

If you wish to be paid via direct credit (and not receive a cheque) this form is to be returned with the completed RESIDENTIAL WATER SAVING REBATE - Application Form

### **Accounts Payable Customer Details**

#### ZZ0003

Business Organisation Individua	
Payment Adv	ce:
Postal Address	City/town State Postcode
Phone Number/s	
Email [please print]	
Preferred Option	☐ Mail ☐ Email
Direct Credit	Authority:
Account Name	Bank
BSB No.	Account No.
Signature	Date