

Sewer choke claim form



Sydney Water job number	
-------------------------	--

Property details

House/Lot number	
------------------	--

Street	
--------	--

Suburb	
--------	--

Claimant's details

(The claimant is the person who seeks reimbursement from Sydney Water)

Name		Phone number	
Address			
Email:			

Plumber's details

(Required when the plumber is not the claimant)

Name		License number	
Address			
Email:		Phone number	

Details of work

1. Did Sydney Water take over the job? Yes	Date: ___/___/___	No
2. Has the account been paid by the owner of the property? Yes	No	
3. Total amount claimed \$ _____	4. Excavation size L___ B___ D___ m / NA	

I declare the above details to be correct

Claimant name: _____	Customer* name: _____
Claimant signature: _____	Customer signature: _____
Date: ___/___/___	Date: ___/___/___
Phone No: _____	Phone No: _____

- * Customer is either the property owner, tenant, real estate agent or strata manager for the property
- Sydney Water will conduct random audits to verify claim details, including contact with the customer

The original tax invoice must be attached to this form and sent to:

Sewer Choke Claims
Sydney Water
PO Box 399
PARRAMATTA, NSW 2124

Ph: (02) 9644 0221

Please allow up to eight (8) weeks to process the claim. Email: chokeclaims@sydneywater.com.au

Errors and omissions will result in the claim being returned for correction.

All choke claim forms must include timesheets (see below).

Submitting false information on this form will result in the matter being referred to the relevant external authorities.

Please complete all sections of the timesheet below to assist with our assessment and to reduce processing time

Date	Name	Travel time (hrs)	Start time	Finish time	Breaks (hrs)	Total hours	Work done