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| Sizakala Centre                             |
| Email Address:<br>EWS.Queries@durban.gov.za |

### WATER LOSS NOTIFICATION FORM

Notification Number: (Office use only): \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Reference/ (POD Number): \_\_\_\_\_ Meter Number: \_\_\_\_\_

**NB: NOTIFICATION TO BE SUBMITTED WITHIN 60 DAYS OF REPAIRS BEING CARRIED OUT.**

1. The Plumber's invoice must accompany the notification form, or if not available, must be submitted within a reasonable period after the notification form has been submitted. Where repairs are carried out by a Non – Metro approved plumber, an inspection will be done and an inspection fee of R100.00 will be deducted from the notification.
2. Date leak was repaired must be noted and notification form must be signed.

Return completed notification form & plumber's invoice to any Sizakala Centre or email: [EWS.Queries@durban.gov.za](mailto:EWS.Queries@durban.gov.za)

**NB: PLEASE ENSURE YOU KEEP PROOF OF DELIVERY**

#### CONTACT DETAILS FOR QUERIES:

Any Sizakala Centres.

Email: [EWS.Queries@durban.gov.za](mailto:EWS.Queries@durban.gov.za)

Meter reading immediately after repair: Reading: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holders Name: \_\_\_\_\_ ID No.: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone Number :(Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Address where loss occurred: \_\_\_\_\_

Description of Dwelling: (Please mark with X) \_\_\_\_\_

1. Private Dwelling \_\_\_\_\_ 2. Block of Flats \_\_\_\_\_ 3. Duplex/Simplex \_\_\_\_\_

If 2 or 3 above are applicable, does each unit have its own individual water meter? Yes \_\_\_\_\_ No \_\_\_\_\_

Date water leak was repaired: \_\_\_\_\_

Name of Plumber: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Plumber's Number \_\_\_\_\_ Contractor's Number \_\_\_\_\_

State briefly the circumstances around the loss \_\_\_\_\_

If loss caused by another party, provide details of person (s) responsible. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_

Have you had any previous notifications? Yes/No \_\_\_\_\_ If yes, state date: \_\_\_\_\_

Do you have a bond on the property? Yes/No \_\_\_\_\_ If yes, State Name of Bond Holder & A/C No.: \_\_\_\_\_

Do you have Building/Contents insurance? Yes/No \_\_\_\_\_ If yes, Name of Insurance Company & Policy No.: \_\_\_\_\_

I/ we hereby declare that the foregoing particulars are correct in every respect.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**NB: BEFORE SUBMITTING YOUR NOTIFICATION PLEASE ENSURE THAT THE METER HAS STOPPED MOVING WHEN NO WATER IS BEING USED. WE CANNOT PAY NOTIFICATIONS WHERE THERE IS STILL A LEAK IN PROGRESS.**