

## WATER ASSIST APPEAL FORM

TO BE COMPLETED AND SUBMITTED BY FINANCIAL COUNSELLOR

**CUSTOMER DETAILS**

Mr       Mrs       Miss       Ms

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Date \_\_\_\_\_

**REFERRING FINANCIAL COUNSELLOR**

Financial Counsellor Name \_\_\_\_\_

Financial Counselling Service Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_ Fax No \_\_\_\_\_

Date Application Rejected: \_\_\_\_\_

Reason for Water Assist Rejection: \_\_\_\_\_

**BASIS OF APPEAL DECISION**

**(Further supporting letter and documentation to be attached)**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Financial Counsellor

\_\_\_\_\_  
Signature of Applicant(s)

Please forward this completed appeal form to

**Water Corporation**  
**Receivables & Business Support Manager**  
**Attention: Peter Andersen**  
**Locked Box 2**  
**Osborne Park Delivery Centre**  
**Osborne Park WA 6916**