

**Section A: Owner Details** (See Note A)

*PLEASE USE BLOCK CAPITAL LETTERS*

Account Reference Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First Name:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Company Name: (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Company Contact First Name: (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Company Contact Surname: (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Correspondence Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
County:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Eircode:	<input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**For Official Use Only**

DW Account Ref Code: <input type="text"/>	DW Bureau Stamp and Date: <input type="text"/>	Log Number: <input type="text"/>
Payment Code ID: <input type="text"/>		

## Section B: Domestic Wastewater Treatment System Refund Request (See Note B)

Details of the Domestic Wastewater Treatment System(s) associated with the refund request are required in this section.

### Part A

**PLEASE USE BLOCK CAPITAL LETTERS**

Address: If Address to be registered is same as correspondence address tick this box ☐ and proceed to **Part B**.


County: 

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 Eircode: 

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### Part B

Water Services Authority: 

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Reason for Refund: (check a box) ☐ Duplicate payment made. ☐ The property is connected to mains sewage.  
☐ The property was registered by previous owner. ☐ Other - Please explain in the boxes below...  


Original payment made using: ☐ Visa / Master Card ☐ Cheque / Postal Order / Bank Draft ☐ Cash

Amount: € 

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## Section B2: Domestic Wastewater Treatment System Refund Request (See Note B)

Details of the Domestic Wastewater Treatment System(s) associated with the second refund request are required in this section.

### Part A

**PLEASE USE BLOCK CAPITAL LETTERS**

Address: If Address to be registered is same as correspondence address tick this box ☐ and proceed to **Part B**.


County: 

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 Eircode: 

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### Part B

Water Services Authority: 

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Reason for Refund: (check a box) ☐ Duplicate payment made. ☐ The property is connected to mains sewage.  
☐ The property was registered by previous owner. ☐ Other - Please explain in the boxes below...  


Original payment made using: ☐ Visa / Master Card ☐ Cheque / Postal Order / Bank Draft ☐ Cash

Amount: € 

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## Notes for Completion of Domestic WasteWater Treatment Systems Request Refund Form - DWW17

In completing the form, use **CAPITAL LETTERS**. Write clearly and accurately within the boxes. DO NOT join your writing.

### A - Owner Details:

Please make sure to enter a correspondence address and please note the Eircode must be provided.

For the purposes of this application form, "company" includes public bodies, partnerships, trusts and all other nonindividuals who are owners of premises connected to domestic waste water treatment systems. If you represent a company, please enter the Company Name and contact name for the company. If the premises is jointly owned, please provide details of one owner only.

### B - Domestic Wastewater Treatment System Refund Request:

Your account number, the address of the premises that is connected to the domestic wastewater treatment system and the details of the original payment for which you are requesting a refund must be completed in this section. A second refund request can be made by completing Section B2.

**Eircode:** This is required and must be provided.

Your Eircode can be found by visiting [www.Eircode.ie](http://www.Eircode.ie) or by contacting your local Post Office.

**Water Services Authority:** This is the local authority in which the property is located.

**Original payment made using:** This is the method of the original payment for which you are requesting the refund.

### General Notes:

Before sending the form please ensure that you have included the following information:

- ✓ Account Reference Code, owner name and correspondence address.
- ✓ Water Services Authority / Local Authority.
- ✓ Eircode.
- ✓ Details of the refund request.
- ✓ Please ensure all loose sheets are stapled together.

On successful processing a refund will be posted to you.

THE ABOVE INFORMATION IS REQUIRED TO PROCESS YOUR FORM. INCOMPLETE FORMS WILL BE RETURNED TO YOU.

Please Post completed form to: **Protect Our Water, PO Box 12204, Dublin 8**

If you require assistance please email [support@protectourwater.ie](mailto:support@protectourwater.ie)  
or **00 353 (0)1 6438484** (Between 10:00 and 14:00 Monday to Friday).

Data will be used only as permitted under the Privacy statement governing the registration of domestic wastewater treatment systems.