

Section A: Owner Details (See Note A)

PLEASE USE BLOCK CAPITAL LETTERS

Account Reference Code:

First Name:

Surname:

Company Name:
(if applicable)

Company Contact First Name:
(if applicable)

Company Contact Surname:
(if applicable)

Phone No.:

Mobile No.:

Email Address:

Correspondence Address:

County:

Eircode: -

Country:

For Official Use Only

DW Account Ref Code:

DW Bureau Stamp and Date:

Log Number:

Payment Code ID:

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**.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

County: Eircode: –

Part B

Water Services Authority:

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: € .

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**.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

County: Eircode: –

Part B

Water Services Authority:

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: € .

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 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 7.**

If you require assistance please email support@protectourwater.ie
or call **1890 800 800** or **00 353 (0)1 5242274** (Between 10:00 and 12:00 Monday to Friday).

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