# 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 |
|---|---|---|---|---|---|---|---|
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