



BWA Guaranteed Standards of Service Compensatory Claim Form

Claims are only eligible if they relate to our Guaranteed Standards of Service. All claims must be submitted within three (3) months of the date the relevant event occurred.

Customer Details

Name: _____

Address: _____

Account Number: _____ Email Address: _____

Home: _____ Work: _____ Cell: _____

Guaranteed Water Standard (GWS) Classification *(Please tick appropriate box)*

- GWS 1:** Installation of Service
- GWS 2:** Issuance of First Bill
- GWS 3:** Response to Complaints (Acknowledgement of Complaint)
- GWS 3:** Response to Complaints (Investigation of Complaint)
- GWS 4:** Wrongful Disconnections
- GWS 5:** Meter Installation/Meter Repositioning (Existing Service)
- GWS 6:** Repair/Replacement of Faulty Meter
- GWS 7:** Reconnection After Payment of Overdue Amount and Reconnection Fee
- GWS 8:** Application for Reconnection of Service Previously Disconnected from the Main
- GWS 9:** Scheduling of Field Appointments
- GWS 10:** Reliability of Supply

Compensatory Details

Date of Event: _____

Detail your claim:

Signature: _____ Date: _____

Note: Claims will be reviewed within two (2) months of receipt. If approved, the compensation will be credited to the customer's account. If declined, the customer will be notified in writing accordingly.

For Internal Use Only

Date Acknowledged: _____ Method: _____

Investigated by: _____ Date Completed: _____

Claim Status Accepted Denied

Authorized by: _____

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