

## Guaranteed Service Standards (GSS) Application Form

### Conditions of the GSS Scheme:

1. The Water Services Corporation will not consider claims received after 10 working days from resumption of water supply.
2. Persons who received an emergency WSC water supply are not eligible for compensation.
3. Water supplied by WSC water tankers is first-class quality and meets L.N. 17 of 2009 as amended by LN 242 of 2009 and the EU Drinking Water Directive's regulations (98/83/EC). The WSC is not responsible for the quality of the water supplied if this is tainted by lack of maintenance of the individual customers' roof tanks and/or internal network.
4. If an unplanned water suspension is due to a power failure, *force majeure*, or affects high-rise buildings exceeding 24 meters measured above street level, the WSC is not liable for compensation.
5. Any subsequent compensation awarded by the Advisory Board shall be considered to be the full and final settlement between the individual claimant and the WSC.

1. Company Name (if applicable): _____	
2. Account No.: _____	3. I.D. No.: _____
4. First Name: _____	5. Last Name: _____
6. Service Address: _____ _____	
7. Contact Numbers: _____	
8. Date when water suspension was noted: _____	
9. Did you request an alternative WSC water supply?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Did the WSC provide you with an alternative water supply?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Did you accept the alternative water supply?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
I declare that the information above is true.	
12. Customer's Signature _____	Date _____

*A decision in writing from the Advisory Board will be communicated within forty (40) but not more than sixty (60) working days of receipt of claim. Customers having their claim rejected can activate dispute resolution proceedings within one (1) year from submission of this form by referring to Regulator for Energy and Water Services (REWS) or the Office of the Ombudsman.*

### **For office use only:**

Notification no.: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_