

SENQU MUNICIPALITY
APPLICATION FOR DISCONNECTION OF MUNICIPAL SERVICES

(TO BE FILLED IN ATLEAST 10 WORKING DAYS IN ADVANCE)

ALL CONSUMERS

Date:

APPLICANT

ID Number..... Title:

Surname: First Names:

Business if applicable:

Address at which services are to be disconnected:

Senqu Municipal area of Supply, Sterkspruit/ Lady Grey/ Barkly: Sterkspruit Erf No:

Date requested for re-connection if applicable Account No:

.....

Forwarding postal address:

PO Box:TOWN/CITY: Postal Code:

Future residential address: TOWN/CITY:

..... Postal Code: Tel No:

Fax No: Cell No:

Signature..... (of applicant)

Reason for disconnection request:

.....
.....
.....

OWNER Surname: First Name: I/We hereby
acknowledge that the said tenant has informed me/us that an application for the disconnection of
services to the above premises/installation is being made and furthermore undertake to settle any
outstanding debt occurred for municipal service rendered to the tenant on the date of disconnection
of municipal services, if not paid by the applicant/tenant.

Signature:

Witness Name: Witness signature: Date:

.....

FOR OFFICE PURPOSES ONLY

Date received: Signature: (Finance). Date forwarded to Technical service Department: (Finance).

Date received by Technical Department: Signature of Technical Department Staff:

Meter Number: Electricity reading: KVA Reading: Date disconnected:

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