



FINAL SUSPENSION OF SERVICES

Account number

Book number

Reference number

Full name & surname: _____

Present Postal address: _____

Address for repayment of deposit: _____

Address to be disconnected: Street: _____ Erf: _____

Or

Name and number of Flat : _____

Service to be disconnected (indicate with an X):

Water

Sanitation

Date of disconnection: _____ Time: _____

(NB: Connection will only be done during office hours and entrance to the water meters must be accessible.)

Future address: _____

Signature: _____

Date _____

<u>FOR OFFICIAL USE ONLY</u>		
Water Reading	Meter No.	Reading
Sanitation		

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