



KARIBIB TOWN COUNCIL

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APPLICATION FOR DISONNECTION OF MUNICIPAL SERVICES

Name (s):

ID No:.....

Postal address:.....

Contact:.....

Email:.....

Reference:.....

NB: This part to be completed in case of a non-natural person

Company Name:.....

Reg. No:.....

Proxy:.....

ID No:.....

Postal add:.....

Contact:.....

Email:.....

Reference:.....

Erf Number:.....

Location:.....

Unit No:.....

Meter No:.....

Description of service (tick relevant box):

☐ Water

☐ Sewerage

☐ Electricity

Effective Date of Disconnection:.....

NB: attach certified copy of ID, Founding statement of company etc.... and also a final invoice payable shall be levied.

Applicant signature:.....

Date:.....

FOR OFFICE USE

Disconnection fee:.....

Receipt No.:.....

Date:.....

Outstanding balance:.....

Paid:.....

Receipt No.:.....

APPROVED/NOT APPROVED

.....

.....

MANAGER: FINANCE & ASSET MGT

Date stamp