



MUSINA LOCAL MUNICIPALITY

WRQ NO

APPLICATION TO DISCONTINUE MUNICIPAL SERVICES

I HEREBY REQUEST THAT YOU ARRANGE FOR THE DISCONNECTION OF ALL MUNICIPAL BE TAKEN ON

DATE: _____

DETAILS OF APPLICANT

CONSUMER ACCOUNT NUMBER		STAND NO	
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SURNAME		INITIALS		MR		MRS		MISS	
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ID NO.													
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PHYSICAL ADDRESS TO BE VACATED	
NEW RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
NEW POSTAL ADDRESS <i>(WHERE FINAL ACCOUNT CAN BE POSTED TO)</i>	
TELEPHONE NUMBER (HOME)	
TELEPHONE NUMBER (WORK)	
CELLULAR NUMBER	
NAME AND POSTAL ADDRESS OF NEW EMPLOYER/CURRENT EMPLOYER	
SPOUSES NAME	
ID NO.	

NEXT OF KIN <i>(NOT LIVING WITH YOU)</i>	
RELATION	
TELEPHONE NUMBER	
ADDRESS	

- I ACKNOWLEDGE THAT I AM LIABLE FOR THE PAYMENT OF ALL OUTSTANDING MONIES BEFORE AND CLEARANCE CERTIFICATE WILL BE ISSUED TO ME.
- I REQUEST THAT MY CONSUMER DEPOSIT BE UTILISED AS DOWN PAYMENT ON MY CURRENT ACCOUNT AND THAT THE BALANCE, IF ANY, BE FORWARD TO MY NEW POSTAL ADDRESS WITHIN THIRTY DAYS OF SIGNING THIS APPLICATION FORM.

SIGNATURE

DATE

FOR OFFICIAL USER ONLY

CLOSING METER READINGS

ELECTRICITY METER NUMBER

ELECTRICITY READING

WATER METER NUMBER

WATER READING

TECHNICAL ASSISTANT

DATE

I HEREBY CERTIFY THAT THE SERVICES APPLICATION FORM IS CORRECT AND FULLY COMPLETED AND THAT ALL OPENING INSTRUCTIONS HAVE BEEN ADHERED TO AND THAT THE DEBTOR DATA BASE HAS BEEN UPDATED WITH THE PERSONAL INFORMATION

CLERK (DOCUMENTATION)

DATE

I HAVE REVIEWED THE ABOVE AND HAVE FOUND THE INFORMATION IN ORDER

**ASSISTANT ACCOUNTANT
(DOCUMENTATION)**

DATE