



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 (WHERE FINAL ACCOUNT CAN BE POSTED TO)													
TELEPHONE NUMBER (HOME)													
TELEPHONE NUMBER (WORK)													
CELLULAR NUMBER													
NAME AND POSTAL ADDRESS OF NEW EMPLOYER/CURRENT EMPLOYER													
SPOUSES NAME													
ID NO.													

NEXT OF KIN (NOT LIVING WITH YOU)													
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 FORWARDED 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**