

HENTIES BAY MUNICIPALITY

Application for the Supply of Permanent Water & Sanitation Services

OFFICE USE

Order No :

W: (No)

.....

Reading:

Acc Nr:

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Deposito:

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Receipt Nr:

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General Information:

1. Accounts are mailed during the 2nd week of each month. If an account is not received before the due date of payment, it is the responsibility of the account holder to obtain a copy of the current account rendered.
2. Account must be settled on or before the due date, failing of which will result in the supply of water being terminated without prior notice. The service will be restored upon payment of reconnection fees, as well as an additional security deposit.
3. Upon vacating the premises the account holder remains liable for accounts rendered, until such time that notice for the discontinuation of services is received. (Forms are available at this counter)
- 4. Please note that a copy of your ID / Passport is required when making this application.**
5. Water supply will not be connected until the above requirement has been fully complied with.
6. The ERONGO RED offices will handle electricity, make sure you contact them for information. Tel: 500560 / 500570

PLEASE PRINT IN BLOCK LETTERS

Surname of Applicant	Initials	Initials of Spouse

First Names	Male / Female	
	M	F

Identity Number														
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Identity Number Spouse														
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Language	Birth Date												
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Home Telephone N ^o	Work Telephone N ^o

Postal Address (P O Box N ^o)	Town	Code				
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SERVICES REQUIRED AT:

Street Name	Number	Erf Number

Flat No		Previous Tenant	

Services required:	Water	
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Connections required for required:	Domestic purposes		Business purposes	
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Connection date								Are you the Owner?	
								Yes	No

I, the Applicant, understand and accept the conditions of this agreement. I undertake to pay interest on all arrear amounts calculated on a monthly basis on the total amount on the due date of payment at the then existing commercial bank rates. In the event that the Municipality should incur any costs to recover arrear amounts from myself, I undertake to be responsible for such costs. I declare that the information provided by me is correct.

Applicant	Owner / Agent
Date :	

OFFICE USE

W/Reading : _____

ACC NO _____

ORDER NO _____



MUNICIPALITY OF HENTIES BAY

APPLICATION FOR DISCONNECTION OF WATER

NOTE : THIS FORM MUST BE COMPLETED IN FULL

1. NAME : _____
(As on your account)

2. ID NO. _____

3. ADDRESS WHERE DISCONNECTION IS TO BE MADE :

ERF NO : _____
FLAT NAME _____ NO : _____
STREET ADDRESS _____ NO : _____

4. ARRANGEMENTS FOR FINAL METER READINGS TO BE TAKEN
(If there is no free access to the meters on the day of disconnection):

TELEPHONE NO.: _____
OTHER ARRANGEMENTS : _____

5. FUTURE RESIDENTIAL ADDRESS:

FLAT NAME : _____ NO.: _____
STREET ADDRESS _____ NO.: _____
TOWN: _____

6. FUTURE POSTAL ADDRESS : _____

7. EMPLOYER: _____ TEL NO : _____

8. **DATE OF DISCONNECTION:** _____

9. OWNER / AGENT: _____ TEL NO : _____

I certify that the particulars furnished herein are true and correct.

SIGNATURE: _____ DATE : _____