



OSHAKATI TOWN COUNCIL

P/BAG 5530
OSHAKATI
TEL: 065-2295500
FAX: 065-220435

APPLICATION FOR DISCONNECTION OF MUNICIPAL SERVICES

Account Number	
Account Name	
Postal Address	
Address for disconnection	
Date for Disconnection	
Future Postal Address	
Future Residential Address	

I hereby certified that the above stated information is the true and correct

Date: _____ Account holder's Signature: _____

FOR OFFICIAL USE

<i>W/METER SERIAL No</i>	<i>WATER READING</i>

METER READER'S SIGNATURE: _____ DATE: _____

DISCONNECTING IN COMPUTER

OFFICER IN CHARGE'S SIGNATURE: _____ DATE: _____

DISCONNECTING PHYSICALY

OFFICER IN CHARGE'S SIGNATURE: _____ DATE: _____