



FORM NO

MUNICIPALITY OF SWAKOPMUND

WATER CONNECTION (OFFICE USE ONLY)

ACCOUNT NUMBER

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DEPOSIT

: N\$ 200.00

REC. NR.

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APPLICATION AND AGREEMENT

- a) I/WE HEREBY REQUEST THE MUNICIPALITY OF SWAKOPMUND TO SUPPLY ME/US WITH A WATER CONNETION AS REQUIRED ON THE PREMISES AND PURPOSE SPECIFIED BELOW.
- b) I/WE UNDERTAKE TO PAY FOR THE WATER AT THE TARIFFS DETERMINED BY THE COUNCIL AND ACCEPT FULL RESPONSIBILITY FOR ALL WATER USED UP TO AND INCLUDING FORTY EIGHT HOURS AFTER CANCELLATION OF THE WATER SUPPLY.
- c) I/WE FURTHER UNDERTAKE TO ABIDE BY ALL REGULATIONS AND AMENDMENTS AS APPROVED BY COUNCIL EFFECTING THE SUPPLY OF WATER.
- d) **NB!** I/WE UNDERSTAND THAT THE CONNECTION(S) ARE ONLY POSSIBLE 5 WORKING DAYS AFTER DATE OF APPLICATION.

1. NAME OF APPLICANT :

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2. IDENTITY NO :

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3. POSTAL ADRESS :

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4. TEL NUMBER/S :

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5. ERF NO. :

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6. STREET ADRESS :

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7. BUILDING TYPE :

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8. NUMBER OF UNITS :

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9. NUMBER OF METERS REQUIRED :

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10. SIZE OF CONNECTION REQUIRED :

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11. DATE CONNECTION IS REQUIRED :

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12. PLEASE INDICATE POSITION OF METER/METERS:

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DATE:

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SIGNATURE OF APPLICANT