



# MUNICIPALITY OF SWAKOPMUND

Ref. No.: D 7/3/1/1



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## DISTRIBUTION OF MONTHLY CONSUMERS' ACCOUNTS

I \_\_\_\_\_ hereby wish to make use of the following option for the delivery of my monthly consumer's account *(please indicate your preference by marking one of the following boxes with an X)*:

1)  Please e-mail my account to the following e-mail address / **OR**

.....

2)  Please **Change** my e-mail address:

.....

3)  Please **Change** my postal address:

.....

### Details of the property involved are as follows:

Account number: .....

Identity number: .....

Erf number: .....

Situated (street address): .....

Contact number: .....

Signature: .....