



FORM NO

MUNICIPALITY OF SWAKOPMUND

APPLICATION FOR NEW WATER METER CONNECTION (OFFICE USE ONLY)

ACCOUNT NUMBER :

DEPOSIT : N\$ 200.00 OWNER YES NO

REC. NR. :

APPLICATION AND AGREEMENT

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

- 1. NAME OF APPLICANT : _____
- 2. IDENTITY NO : _____
- 3. POSTAL ADRESS : _____
- 4. TEL NUMBER/S : _____
- 5. EMAIL ADDRESS : _____
- 6. ERF NO. : _____
- 7. STREET ADRESS : _____
- 8. BUILDING TYPE : _____
- 9. NUMBER OF UNITS : _____
- 10. NUMBER OF METERS REQUIRED : _____
- 11. SIZE OF CONNECTION REQUIRED : _____
- 12. DATE CONNECTION IS REQUIRED : _____

13 PLEASE INDICATE POSITION OF METER/METERS:

DATE: _____

SIGNATURE OF APPLICANT

NEW WATER METER CONNECTIONS

New Water meter connection for: _____ Box: _____

On Erf: _____

MATERIAL :

1. Saddle

2. Nipple

3. Ballcock

4. Plasson Adaptor

5. Pipe

6. Plasson Elbow

7. Stopcock

8. Gatevalve

9. Adaptor

10. Woodstands

11.

12.

Labour A: _____ HRS: _____

Labour C: _____ HRS: _____

AMOUNT

Sub Total
 Plus 15%
 TOTAL

 WATERWORKS: ARTISAN

