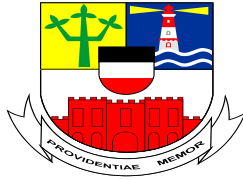


OFFICE USE	
W: _____	ROUTE NO. _____
E: _____	ACC NO. _____
	D/ORDER PAYMENT _____



**MUNICIPALITY OF SWAKOPMUND**

**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 READING 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. **NEW OWNER : NAME** \_\_\_\_\_  
**ID NO:** \_\_\_\_\_  
**POSTAL ADDRESS:** \_\_\_\_\_  
**CELL NO:** \_\_\_\_\_ **TEL NO:** \_\_\_\_\_

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

SIGNATURE: _____	DATE: _____
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