

## CUSTOMER SERVICE REQUEST FORM

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Customer Information								
Surname/Company Name First	Name	Middle Initial						
Physical Address (House No. & Street Name)	Apartment/Suite	Block & Parcel No.						
Home Telephone No.	Work Telephone No.							
Mobile Telephone No.	-mail							
Please select the service you require:								
☐ Reconnection       ☐ Off Reading       ☐ Temporary Disconnection       ☐ Add a Tenant/Authorised User (gives authorisation to access account information , request a copy of the bill and query a bill)								
Reconnection/Off Reading/Temporary Disconnection/ Permanent Service Removal  Requested Service Date: DD / MM / YYYY	Add a Tenant/Authorised User  Name (Surname, First Name, Middle Initial)							
Notes:	Mailing Address							
	Telephone No.							
Meter Relocation	Mobile No.							
I would like to arrange for a meter relocation.  Please note there is a standard fee for meter relocation which covers the cost of labour and materials.	E-mail							
Bill Query Details	Tenant/Authorised User Signatu	re Date						
Notes:								
	Account Holder Signature	Date						