

CUSTOMER SERVICE REQUEST FORM

Account No.

Customer Information		
Surname/Company Name Firs	t Name	Middle Initial
Physical Address (House No. & Street Name)	Apartment/Suite	Block & Parcel No.
Home Telephone No.	Work Telephone No.	
Mobile Telephone No.	E-mail	
Please select the service you require:		
Reconnection Off Reading Tempor	ary Disconnection	a Tenant/Authorised User
Reconnection/Off Reading/Temporary Disconnection/	Add a Tenant/Authorised Use	er
Permanent Service Removal Requested Service Date: DD / MM / YYYY	Name (Surname, First Name,	
Notes:	Mailing Address	
	Telephone No.	
	Mobile No.	
Meter Relocation		
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 Signa	ature Date
Notes:		
	Account Holder Signature	Date