

CUSTOMER SERVICE REQUEST FORM

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Customer Information						
Surname/Company Name Fir	st 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 Tempo	rary Disconnection Add	a Tenant/Authorised User				
Reconnection/Off Reading/Temporary Disconnection/	Add a Tenant/Authorised Us	ser				
Permanent Service Removal Requested Service Date: DD / MM / YYYY	Name (Surname, First Name	Name (Surname, First Name, Middle Initial)				
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 Sign	nature Date				
Notes:						
	Account Holder Signature	Date				
	J L					