



KARIBIB TOWN COUNCIL

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APPLICATION FOR RECONNECTION OF SERVICES

Name (s):

ID No:.....

Postal address:.....

Contact:.....

Email:.....

Reference:.....

Company Name:.....

Reg. No:.....

Proxy:.....

ID No:.....

Postal add:.....

Contact:.....

Email:.....

Reference:.....

Erf Number:.....

Extension:.....

Unit No:.....

Meter No:.....

Description of service (tick relevant box):

☐ Water

☐ Sewerage

☐ Electricity

NB: attach certified copy of ID, Founding statement of company etc....

Applicant signature:.....

Date:.....

FOR OFFICE USE

Reconnection fee:.....

Receipt No.:.....

Date:.....

Outstanding balance:.....

Receipt No.:.....

Date:.....

APPROVED/NOT APPROVED

.....
.....
.....

Date stamp

CHIEF EXECUTIVE OFFICER

