



ONIIPA TOWN COUNCIL

RECONNECTION FEE FORM

ACCOUNT NAME: _____

ERF NO: _____

ACCOUNT NO: _____

DATE: _____ ACCOUNT HOLDER SIGNATURE _____

FOR OFFICE USE ONLY: TECHNICAL DEPARTMENT

METER/SERIAL NO: _____

WATER READINGS: _____

DATE: _____ SIGNATURE OF OFFICE IN CHARGE: _____

FINANCE SECTION

RECONNECTION FEES: _____

RECEIT NO: _____

DATE: _____ SIGNATURE OF OFFICE IN CHARGE: _____

NB: PROOF OF PAYMENT (RECEIPT SHOULD BE ATTACHED)