



ONIIPA TOWN COUNCIL

SUPPLY OF WATER AND OTHER SERVICES
WATER METER RELOCATION FORM

ACCOUNT NAME: _____

ERF NO: _____

ACCOUNT NO: _____

DATE: _____ ACCOUNT HOLDER SIGNATURE _____

FOR OFFICE USE ONLY: TECHNICAL DEPARTMENT

METER/SERIAL NO: _____ CURRENT LOCATION: _____

WATER READINGS: _____ NEW LOCATION: _____

DATE: _____ SIGNATURE OF OFFICE IN CHARGE: _____

FINANCE SECTION

DISCONNECTION FEES: _____

RECEIT NO: _____

DATE: _____ SIGNATURE OF OFFICE IN CHARGE: _____

NB: PROOF OF PAYMENT (RECEIPT SHOULD BE ATTACHED)