

MAKANA MUNICIPALITY

Application for the supply of
Consumer Services
(48 hour notice period required)



FINANCE DIRECTORATE

P.O. Box 176
GRAHAMSTOWN
6140
Tel.: 046 603 6130 Fax: 046 636 2472

FOR OFFICE USE ONLY

Account No

Cycle No.

Erf No.

Owner / Tenant

Deposit

MCB Size

Residential

Business

Other

Specify

Type

Surname / Name of firm

Full Names

Identity Number (N.B. : Copy to be attached)

Full Name of Spouse

Identity Number of Spouse (N.B. : Copy to be attached)

Address to be reconnected

Postal Address

Telephone No (H)

Telephone No (W)

Date Supply Required

Name and Address of Employer

Telephone No.

Name and Address of Relative / Friend

Telephone No.

Motor Vehicle Registration No.

Name and Address of Property Owner

(If rented through an agent, please
supply agent's details)

