



MAKANA
MUNICIPALITY | EASTERN CAPE
...a great place to be

APPLICATION FOR DISCONNECTION OF
SERVICES

FINANCE DIRECTORATE

P.O. Box 176
Grahamstown
6140
Tel.: 046 6036130
Fax: 046 6362472

Instruction: - Client completes and leaves at office

Account Number : _____

Surname/Name of Firm : _____

Full Names : _____

Identity Number : _____

Telephone Number (H): _____

Telephone Number (W): _____

Addressed to be disconnected: _____

Date on which service is to be disconnected: _____

(excluding Saturday, Sunday and Public Holidays)

Name and Address of Employer: _____

Telephone Number : _____

Deposit to be mailed to:

Banking Details:

Bank Name: _____

Bank Account: _____

Branch Code: _____

I hereby apply to the Council for the
Disconnection of the service

I hereby acknowledge that I am aware that
the Municipal service connected to my property
are to be disconnected.

Signature of Consumer/Date

Signature of Owner/ Agent

*I.D and Name if signed on behalf of consumer

Surname: _____

Full Name: _____

ID Number: _____

Signature: _____

FOR OFFICE USE ONLY

	Electricity	Electricity	Electricity	Water	Water
Meter No.					
Readings					
Consumption					

PREPARED BY:	DATE:
CHECKED BY:	DATE:
CHECKED BY:	DATE: