

# KOPANONG MUNICIPALITY

## APPLICATION FOR MUNICIPAL SERVICES

TOWNSHIP \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

STAND NO. \_\_\_\_\_ METER NO. \_\_\_\_\_

A. PLEASE RENDER / \*DISCONTINUE THE FOLLOWING SERVICES ON \_\_\_\_\_ (DATE)  
 (3 WORKING DAYS' NOTICE IS REQUIRED)

DEPOSIT PAYABLE: R \_\_\_\_\_

RECEIPT NO.: \_\_\_\_\_

EXISTING ACCOUNT NO.: \_\_\_\_\_

NEW ACCOUNT NO.: \_\_\_\_\_

WATER PROVISION			SEWERAGE (TOILET)		ELECTRICITY		REFUSE
Communal Standpipe	Yard Tap	House Connection	Bucket	Water Connection	No:		Removal
					Prepaid	House Connection	

**TYPE OF SUPPLY:**

Domestic   
  Commercial   
  Industrial   
  Educational   
  State   
  Agricultural

State whether any type of business activities to be conducted from residential address

YES   
  NO

At street address: .....

**TYPE OF BUILDING**

House   
  Business   
  Flat   
  Complex   
  Other

**B. PERSONAL INFORMATION OF APPLICANT/CONSUMER**

Trust / Close Corporation / Company name \_\_\_\_\_

Trust / Close Corporation / Company registration no (1) \_\_\_\_\_

Surname (2) \_\_\_\_\_ ID Number \_\_\_\_\_

First names \_\_\_\_\_ Pension Number \_\_\_\_\_

Previous Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Employee Number \_\_\_\_\_

Postal Code \_\_\_\_\_

Tel. Work \_\_\_\_\_

Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_

(In/out community of property/Marital Status Contract/Divorced)

**Spouse Details**

ID Number \_\_\_\_\_

Cell No \_\_\_\_\_

Name of Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Tel. Work \_\_\_\_\_

List of other accounts held: 1. \_\_\_\_\_ Account No. \_\_\_\_\_

2. \_\_\_\_\_ Account No. \_\_\_\_\_

3. \_\_\_\_\_ Account No. \_\_\_\_\_

Previous Municipal Account \_\_\_\_\_ Account No. \_\_\_\_\_

Occupiers of stand other than family (rental, backyard lodgers, spaza shops, taxis, etc):

Number of people residing on property    Over 18     Under 18

Income of household if applying for indigent support:  (Include all sources of revenue of all persons residing on the site)

Method of account delivery:    Fax     Post     Fax Number: \_\_\_\_\_

Name and address of a family member and/or friend NOT residing at the same address:

\_\_\_\_\_ Tel. No \_\_\_\_\_

If not the owner, to whom do you pay rent:

1) No application form will be considered unless copies of the relevant registration forms are attached.  
 2) Surname of account form will not be considered unless copies of the relevant registration forms are attached.