

## **BA-PHALABORWA MUNICIPALITY**

	METER VERIFICATIO	ON PROCESS	
SECTION A: CUSTOMER INFORMATION			
NAME:		SURNAME:	
IDENTITY NUMBER:			
PHYSICAL ADDRESS:			
POSTAL CODE:			
POSTAL ADDRESS:(PROOF OF ADDRESS WILL BE APPREC			
POSTAL CODE:			
CONTACT NO:	(HOME)		(WORK)
(CEI	.L)		(EMAIL)
PREFERRED METHOD OF COMMUNICATION:			
SECTION B: METER INFORMATI	ON		
SERIAL NUMBER:			
ACCOUNT NUMBER:			
METER NUMBER:		<del></del>	
METER CONNECTION DATE (IF AVAILABLE):			
SECTION C: PROPERTY TYPE/USE			
MARK WITH X ON RELEVANT B	ox.		
RESIDENTIAL	BUSINESS	OTHER:	
SIGNATURE:		DATE:	
FOR OFFICE USE ONLY			
CAPTURE BY:		VERIFIED BY:	

## **DISCLAIMER:**

BA-PHALABORWA MUNICIPALITY RESERVES THE RIGHT TO DISCONNECT OR SUSPEND SERVICES OF ANY INFORMATION SUBMITTED THAT MAY BE FALSIFIED. ANY FALSE INFORMATION THAT WILL BE VERIFIED MAY LEAD TO SERVICE BEING SUSPENDED. ANY ADDITIONAL INFORMATION MAYBE ADDED ON A BLANK PAPER (PHOTOS WILL BE ACCEPTED).