



KARIBIB TOWN COUNCIL

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Our Ref: 01/21
Date: 5 July 2024

APPLICATION FOR DISONNECTION OF MUNICIPAL SERVICES

Name (s): ID No:.....
Postal address:..... Contact:.....
Email:..... Reference:.....

NB: This part to be completed in case of a non-natural person

Company Name:..... Reg. No:.....
Proxy:..... ID No:.....
Postal add:..... Contact:.....
Email:..... Reference:.....

Erf Number:..... Location:.....
Unit No.:..... Meter No:.....

Description of service (tick relevant box):

- Water
 Sewerage
 Electricity

Effective Date of Disconnection:.....

NB: attach certified copy of ID, Founding statement of company etc.... and also a final invoice payable shall be levied.

Applicant signature:..... Date:.....

FOR OFFICE USE

Disconnection fee:..... Receipt No.:..... Date:.....
Outstanding balance:..... Paid:..... Receipt No.:.....

APPROVED/NOT APPROVED

.....
.....

Date stamp

MANAGER: FINANCE & ASSET MGT

