



# KARIBIB TOWN COUNCIL

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Our Ref: 01/21  
Date: 5 July 2024

## APPLICATION FOR RECONNECTION OF SERVICES

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

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

Erf Number:..... Extension:.....  
Unit No.:..... Meter No:.....

**Description of service (tick relevant box):**

- Water  
 Sewerage  
 Electricity

**NB: attach certified copy of ID, Founding statement of company etc....**

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

**FOR OFFICE USE**

Reconnection fee:..... Receipt No.:..... Date:.....  
Outstanding balance:..... Receipt No.:..... Date:.....

**APPROVED/NOT APPROVED**

.....  
.....  
.....

Date stamp

**CHIEF EXECUTIVE OFFICER**

