



District Council of Coober Pedy
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Coober Pedy SA 5723
Phone: 08 8672 4600
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www.cooberpedy.sa.gov.au

ABN: 51 908 978 026

Office Use:

Date form received ____/____/____

CSR:

Assessment Number:

Disconnection of Supply

☐ Electricity ☐ Water

All fields are to be completed

****NOTE: Request will be processed within 3 business days from application, for urgent disconnections a Special Reading fee/ Disconnection fee of \$186.00 for water and \$110.00 for electricity will be charged to your account.**

Applicant Details

Customer One

Account Name: _____
Contact Number: _____
Email Address: _____
Date of Birth: _____

(Only complete if there is a second name on the account)

Customer Two

Account Name: _____
Contact Number: _____
Email Address: _____
Date of Birth: _____

Forwarding Address for Final Account:

☐ Email : **or** _____
☐ Postal Address: _____

Property Details

☐ Residential ☐ Business Date of disconnection: _____

Property Address: _____

Application for disconnection of is made by: Owner ☐ Tenant ☐
(For Electricity only)

Security Deposit – Electricity account/ Tenant Only

☐ Refund of security deposit
Account Name: _____
BSB: _____
Account No: _____

Office Use:

Verified by: _____

Signature: _____

Date: ____/____/____

☐ I am moving to a new property (**Cooper Pedy Only**) and would like to transfer my security deposit. New Property Address: _____

Authorisation

Transferring of Account: Any outstanding balance after the final account will be transferred to your new account.

Leaving town: Security Deposit will be applied against the outstanding balance of the account, and any remainder will be refunded to your bank account.

Signature: _____ Name: _____ Date: ____/____/____

Signature: _____ Name: _____ Date: ____/____/____

**A signature is required for each person named above as Account holder/s.*

Office Use Only

Security Deposit Details

Trust Number _____ Amount: \$ _____ Date paid: ____/____/____

Account/ Meter Details

Assessment # _____

Account Number _____

Service Point #(CP) _____

Reading _____

Payer Code _____

Meter Number _____

Date of last read _____

Assessment # _____

Account Number _____

Service Point #(CP) _____

Reading _____

Payer Code _____

Meter Number _____

Date of last read _____

Masterfile Changes

☐ Updated Profile

☐ Payer Code _____

☐ Trust _____

☐ Debtor Account _____

Actioned by:

Signature: _____ Name: _____ Date: ____/____/____

Checked by:

Signature: _____ Name: _____ Date: ____/____/____

Checklist:

Name	☐
Contact Number	☐
Residential Address	☐
Postal Address	☐
Trust (Residential Address)	☐
Email	☐
Date of Birth	☐
Billing Memo (Water Account)	☐