			ouncil of			
		"Op	al Capital of			
			PO		COOBER PEDY SA 5 L OFFICE (08) 8672 40 FAX (08) 8672 50	500
				E-mail: c	lccp@cpcouncil.sa.gov	
		Disconn	ection of			
		Electricity	Water Sup	pply		
Account Holde	r Details:					
Family Name:			_ Given Name(s):			
Business / Middl	e Name:					
Your Date of Birt	th: / /	Hom	e Phone #:			
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Disconnection						
A disconnection o business days not		e of \$100.00 for \	vater will be charge	ed to your a	account if less than 3	
Property Addres	S:				, Coober Pedy, SA, క	5723
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