



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:

New Account Number:

Application for connection of Electricity Supply

All fields are to be completed

****NOTE: Customers will be required to pay a \$335 (Residential) and \$1000 (Business) Electricity Security Deposit prior to power being connected.** (Excluding owners)**

Electricity notices are issued on a quarterly basis – March, June, September and December

Applicant Details

Customer One

Account Name: _____

Contact Number: _____

Email Address: _____

Date of Birth: _____

Proof of Identity: _____

(Only complete if adding a second name to the account)

Customer Two

Account Name: _____

Contact Number: _____

Email Address: _____

Date of Birth: _____

Proof of Identity: _____

Council requires two types of identification. Forms of Identity accepted include Australian Drivers Licence, Proof of Age Card, Australian Passport & International Passport, Birth Certificate, Medicare Card. If you are a business, evidence of an ABN/ACN is required).

Postal Address: _____

Supply/Property Details

☐

Residential

☐

Business

Date of Connection: _____

Property Address: _____

Application for connection of electricity supply is made by: ☐ Owner ☐ Tenant

If tenant, please select one of the following

☐

Private Rental

☐

Andrews Property

☐

Your Price R/E

☐

Government Housing

Has authorisation been provided? ☐ Yes ☐ No

Will you have a medical equipment at the property?

☐

No

☐

Yes (Please provide a doctor's letter of confirmation.)

Outstanding Debt - Transfer

Customers with outstanding debt only:

Applicant understands that any existing debt will be transferred to their new account.

☐

I confirm that payment options have been discussed with a Revenue Officer

Old account details: _____ Amount: _____

Authorisation

The applicant hereby warrants that he/she is lawfully entitled to occupy the premises detailed in this application and authorizes District Council of Coober Pedy to supply and provide the services specified in accordance with the Standard pre-payment and post-payment contract (copy available on request or at our website <https://www.cooberpedy.sa.gov.au/electricity>).

☐

I confirm that I agree with the terms and conditions set in the Electricity Standard pre-payment and post-payment contract.

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

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

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

NOTE: THE NAMED ACCOUNT HOLDER/S WILL BE RESPONSIBLE FOR ALL ELECTRICITY SUPPLY AND RELATED CHARGES UNTIL COUNCIL RECEIVES NOTIFICATION IN WRITING OF A DISCONNECTION REQUEST. A DISCONNECTION FORM WILL NEED TO BE COMPLETED WHEN VACATING THE PROPERTY AND A FINAL ACCOUNT WILL BE PREPARED.

Office Use Only**Certificate of Compliance**

Date of last disconnection: ____/____/____

Electricity COC required ☐ Yes ☐ No

COC Number _____

Security Deposit Details

Trust Number _____ Amount: \$_____ Receipt Number _____

Account/ Meter Details

Assessment # _____

Current Account Number _____

Service Point #(CP) _____

Reading _____

New Payer Code _____

Meter Number _____

Date of last read _____

Assessment # _____

Current Account Number _____

Service Point #(CP) _____

Reading _____

New Payer Code _____

Meter Number _____

Date of last read _____

Masterfile Changes☐ New Profile Creation☐ 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)	☐
Maintain Properties (new tenant)	☐