

District Council of Coober Pedy

"Opal Capital of the world"
PO BOX 425 COOBER PEDY SA 5723
COUNCIL OFFICE (08) 8672 4600 FAX (08) 8672 5699 E-Mail: dccp@cpcouncil.sa.gov.au

TRANSFER OF CREDIT

Contact Details	<u> </u>					
Family Name:			Given Name(s):			
Business / Middle	e Names:					
Your Date of Birtl	h://	Home F	Phone #:		_	
Email:			Mobile #:			
- Credits can or	nly be transferred l	orised persons may between accounts w ers and / or authoris	rith the same a		ss with the	
Transfer Credit from:			Transfer Credit to:			
	Account	Amount		Account	Amount	
Electricity	\$	E	Electricity		\$	
Water	\$		Vater		\$	
Rates	\$		Rates		\$	
Sundry / Other	\$		Sundry / Other		\$	
Total:	\$		Total:		\$	
Owner / Occupier Signature			Owner / Occupier Signature			
Officer Signature		_				
Office Use Only: Date Received: _	//	In Perso	on Email (please			
Assessment #: Electricity Accou		city Account:		Water Account:		
Sundry Debtors #: Childcare		Childcare:		Referred to:		
Updated by:			Date:			