



# District Council of Coober Pedy

“Opal Capital of the World”

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## Application for connection of Electricity Supply

The undersigned applicant hereby makes application to receive from the District Council of Coober Pedy, supply of electricity to the property stated below.

A Security Deposit of \$335.00 for Domestic and \$1,000.00 for Commercial must be paid before connection. The Security Deposit is not required for the owner.

A **disconnection form** will need to be completed when vacating the property and a final account will be prepared. The security deposit will be deducted from any outstanding amount owed and any remaining balance will be reimbursed.

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

### Account Holder Details:

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Business / Middle Name: \_\_\_\_\_

Your Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

### Connection Details:

Property Address: \_\_\_\_\_ Coober Pedy, SA, 5723

Postal Address: \_\_\_\_\_

Connection date: \_\_\_ / \_\_\_ / \_\_\_

1. Will you have medical equipment at the property? YES NO

If yes please provide a doctor's letter for confirmation.

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

### 3. Proof Of Identification:

Council requires two type of identification with at least of of the following:

Driver License      Passport      Birth Certificate

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

By signing this agreement, the account holder agrees to all terms and conditions.

Office Use Only: Date Received: \_\_\_ / \_\_\_ / \_\_\_

Staff has checked if any outstanding balances exist.

Will a COC (Certificate of Compliance) be required? Yes No Last Date of Disconnection: \_\_\_ / \_\_\_ / \_\_\_

Security Deposit Details:T: \_\_\_\_\_ \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Assessment #: \_\_\_\_\_ CP#: \_\_\_\_\_ Applicant's Payer Code: \_\_\_\_\_

ES: \_\_\_\_\_ EM: \_\_\_\_\_ Reading: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_ CSR #: \_\_\_\_\_