



District Council of Coober Pedy
Po Box 425
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:

Account Number:

Notification of Property Settlement

All fields are to be completed

****NOTE: A Final Account will not be raised until this form is completed by conveyancers. A special meter reading fee will be applied. ****

Property Owner Details

Property Address: _____

Account Name: _____

Contact Number: _____ Email Address: _____

Forwarding Address: _____

Conveyancer Details

Organisation Name: _____

Contact Number: _____ Email Address: _____

**Please note the Final Account Notice will be sent to above email)*

Request

Required Date of Meter Reading: _____ (Date of Settlement)

(Please note reading will occur weekdays only, excluding public holidays)

It is understood that the property will be owned by: _____

Contact Number: _____ Email Address: _____

Postal Address: _____

Authorisation

I understand and acknowledge that:

- The information provided in this request for a Notification of Property Settlement form is true and complete to the best of my knowledge.
- The District Council of Coober Pedy may refuse the application of this form if it becomes evident that information or any supporting documentation provided is incomplete or false.
- I authorise District Council of Coober Pedy to raise charges on this account as per my request on behalf of the vendor stated above and agree that all charges will be paid by the due date stated on the issued final notice. Unpaid account may result in debt collection.

Full name of person completing this application: _____

Signature of person completing this application: _____ Date: ____/____/____

NOTE: THE PROPERTY OWNER WILL BE RESPONSIBLE FOR ALL WATER CONSUMPTION CHARGES UNTIL THE DISTRICT COUNCIL OF COOBER PEDY RECEIVES NOTIFICATION IN WRITING OF A CHANGE IN PROPERTY OWNERSHIP. THE NEW OWNERS NEED TO COMPLETE A CONNECTION FORM TO FACILITATE THE CHANGE OF OWNERSHIP.

Office Use Only

Account/ Meter Details

Assessment # _____
Account Number _____
Reading _____

Payer Code _____
Meter Number _____
Date of last read _____

Assessment # _____
Account Number _____
Reading _____

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	☐
Email	☐
Date of Birth	☐