

WATER AND SEWERAGE CORPORATION

TENANT NOTIFICATION FORM (Vacating Premises)



| | |
|------------------------|-------------------------|
| CUSTOMER ID NO: | LOCATION ID NO: |
| IN NAME OF: | ALTERNATE ID NO: |

Dear Sir/Madam,

Please accept this notification that I/We _____ have/will move out of the above premises on (MM/DD/YY) ____/____/____.

I/We hereby request that you read the meter, render a final bill and close my/our account. I/We understand that I/We may be liable for charges incurred up to ten (10) working days after the date of submitting this notification.

| APPLICANT | | | | | |
|---|------------------|---|-----------------|--------------|-----------|
| Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other | | | | | |
| First Name: | | Middle Name: | | Last Name: | |
| Company Name: | | | | | |
| Trading As: | | | Tax ID Number: | | |
| National Insurance Number: | Passport Number: | Driver's License Number: | Email Address: | Postal Code: | |
| Employer/Business Name: | | Telephone: | Home: | Work: | Mobile: |
| CO – APPLICANT | | | | | |
| Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other | | | | | |
| First Name: | | Middle Name: | | Last Name: | |
| National Insurance Number: | Passport Number: | Driver's License Number: | Email Address: | Postal Code: | |
| Employer/Business Name: | | Telephone | Home: | Work: | Mobile: |
| ADDITIONAL CONTACT PERSON | | Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other | | | |
| | | First Name | | Middle Name | Last Name |
| | | Telephone | Home | Work | Mobile |
| FOR COMPLETION BY CUSTOMER RELATIONS SECTION | | | | | |
| PROCESSED BY: | | | DATE PROCESSED: | | |