

RESIDENTIAL UTILITIES CLOSURE FORM



Please **PRINT** in block letters. Complete **ALL** sections which apply to you and return completed form to Silver Asset Services. This form cannot be accepted if incomplete. Please complete all details to ensure your utilities are disconnected as soon as possible.

STREET ADDRESS FOR SUPPLY

Property Name: _____

Property Address: _____
unit/shop no street no street name suburb state p/code

Date of Disconnection: _____
 (this is the moving out date)

ACCOUNT HOLDERS - PERSON/S RESPONSIBLE FOR PAYMENT

ACCOUNT HOLDER 1

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

Name: _____
given name surname

Phone: _____
home/work mobile

ACCOUNT HOLDER 2

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

Name: _____
given name surname

Phone: _____
home/work mobile

DELIVERY ADDRESS FOR FINAL ACCOUNT

☐ Send my account via email _____
email address

☐ Post to new address _____
unit no street no street name suburb state p/code

TERMS AND CONDITIONS

Until this form is completed and returned, Silver Asset Services - acting on behalf of the Body Corporate/ Strata Plan/Owners Corporation (Scheme) is unable to disconnect supply.

I/We agree to pay the final utility charges as set by the scheme within 17 days of the issue.

I/We acknowledge that the scheme may take whatever action is necessary, including legal action, if I/we fail to pay the final utility bill.

An exit fee will be charged to your final account

IMPORTANT: RETAIN A COPY OF THIS FORM FOR YOUR RECORDS