

## BUSINESS UTILITIES CLOSURE FORM

Please **PRINT** in block letters. Complete **ALL** sections which apply to you and return completed form to Silver Asset Services. This application can not 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 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**