

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 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