



CITY OF BULAWAYO

Financial Services Department
 P. O. Box 642
 Bulawayo
 ZIMBABWE
 175011

TERMINATION FORM

T SHEET NO:.....

	ACCOUNT NUMBER AS SHOWN ON THE BILL	
	NAME OF CONSUMER AS SHOWN ON THE BILL	
	I D. NUMBER	
	SUPPLY ADDRESS	
	CELL NUMBER:	
	TELEPHONE NUMBER	
	EMAIL ADDRESS	
	METER NUMBER AS SHOWN ON THE BILL	
	TERMINATION DATE (ACTUAL DATE):	
	READING ON TERMINATION DATE	
	FOWARDING ADDRESS	
I/WE hereby certify that all the information provided is true and correct to the best of my knowledge.		
	APPLICANTS SIGNATURE	
	DATE	
<u>OFFICE USE ONLY</u>		
	METER NUMBER	TARIFF
	INSTRUCTIONS TO LOG MAN	
	OFFICER'S SIGNATURE	DATE
	DISCONNECTION READING	DATE
	LOG MAN'S SIGNATURE	DATE

NOTE: No guarantee can be given that supplies will be terminated in 48 hrs after receipt of this form.