



Tell #: (264) - 497-1270

Fax #: (264) - 497-1275

## Bill Query Form

With reference to your bill query regarding the water service dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Account No. (s): \_\_\_\_\_ - \_\_\_\_\_ & \_\_\_\_\_ - \_\_\_\_\_ & \_\_\_\_\_ - \_\_\_\_\_

First Name: \_\_\_\_\_

No Bills

Last Name: \_\_\_\_\_

Water Meter

Address: \_\_\_\_\_

High Bill

\_\_\_\_\_

No Water

Tel No: (264)- \_\_\_\_\_ - \_\_\_\_\_

Any Other

Comments:

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Office Comments:

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Signature of Applicant

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processing Officer

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICIAL USE ONLY

Work Order #: \_\_\_\_\_

Assigned to: \_\_\_\_\_

From: \_\_\_\_\_

Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_:\_\_\_\_ am / pm

Meter number: \_\_\_\_\_

Meter reading: \_\_\_\_\_

Work done by: \_\_\_\_\_