

MOGALAKWENA MUNICIPALITY
ELECTRICAL DEPARTMENT
APPLICATION FORM : NEW CONNECTIONS

DATE OF APPLICATION :

THE MANAGER : ELECTRICAL SERVICES
P O Box 34
MOKOPANE
0600

Sir

APPLICATION FOR A NEW / CHANGING OF EXISTING ELECTRICAL CONNECTION

Provide me with the estimated cost to supply an electrical connection to the following premises

NAME :

Tel no. :

Fax no. :

Postal Address :

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Type of consumption :

Domestic / Commercial / Industrial / Farming

(Delete where not applicable)

Type of supply :

Single Phase / Three Phase

Municipal account no. :

Estimated demand :kVA

Stand no. :

Circuit breaker size :Amp

Street name and no. :

Township / Farm name :

Description of work :

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Signature : Owner / Consumer / Contractor

OFFICE USE ONLY

Receipt no. :

Date :

Estimated cost :

VAT :

Sub Total :

Consumers deposit :

TOTAL COST :

Vote no. : 400 / 411

Vote no. : 915