

Ref:		
1/61.		

Request for Disconnection / Reconnection of Water Supply / Collateral Deposit Refund

I, the legal * owner / occupant of the following p supply / collateral deposit refund.	remise hereby request for * disconi	nection of water	supply / reconnect	ion of water		
Effective Date :	NRIC Number	er :				
Canaumar Nama				Account Number:		
Telephone Contact :						
Full address of the Premise :						
Mailing Address :						
Consumer Signature : Date:		vice Initial :				
Part II – For Disconnection of Water Supply & Collate	eral Deposit Refund Only					
Date Process:						
Please deduct the final bill and all the balance to me. I undertake to settle bills. I confirm that the deposit bill has be after the deposit has been refunded.	the balance of the outstanding am	ount if the depos	sit is not sufficient t	o cover the		
Please do not refund the collateral of	deposit and send me the final bill to	the above maili	ng address for my	settlement.		
Part III – For Reconnection of Water Supply Only Collateral Deposit :	Receipt Numbe	r :				
	(For Office Use Only)					
ACTION TAK	EN	ACTION BY	SIGNATURE	DATE		
Date application received						
Consumer's request	* Approved / Not Approved	Customer Service				
Date Water Meter *Disconnected / Reconnected	d					
Water Meter Number		_				
* Final / Initial reading on meter is:						
Deposit Amount (RM)		Billing				
Outstanding Bills Amount (RM)		Section				
Final Bill Amount (RM)						
Collateral Deposit Number						
Amount Collateral Deposit to be Refund (RM)		Account				
Amount Refunded		Section				
PV / PCV / JV Number						
Consumer Status updated on		Billing Section				

Remarks: _

^{*} Delete whichever not applicable