

**AquaGib Ltd
CUSTOMER SERVICE
10B LEANSE PLACE
50 TOWN RANGE
GIBRALTAR**



DATE:

DISCONNECTION OF POTABLE WATER

IN ACCORDANCE WITH THE CONDITIONS AND REGULATIONS FOR THE SUPPLY OF POTABLE WATER

I/WE _____

HEREBY GIVE NOTICE THAT THE SUPPLY TO PREMISES NO

ADDRESS: _____

WILL NOT BE REQUIRED BY ME/US AS FROM

THE FINAL ACCOUNT SHOULD BE FORWARDED TO ME/US AT

ADDRESS: _____

YOURS FAITHFULLY,

SIGNATURE OF CUSTOMER

NAME OF CUSTOMER (IN FULL) _____

ACCOUNT NO: _____
.....

FOR OFFICIAL USE ONLY

TASK NO	METER NO	LAST READING	REMARKS

DATE OF COMPLETION AND REMARKS:

TARIFF DISTRICT METERING SUPERINTENDENT _____