ROXBY POWER

Richardson Place
PO Box 124
Roxby Downs SA 5725
Phone 08 8671 0010
roxby@roxbycouncil.com.au
www.roxbydowns.sa.gov.au

ABN: 68 284 130 046

Office Use:	
Document ID:	
Account Number:	
Account Status:	

Transfer/Vacating Form

All fields are to be completed.

NOTE: Electricity connections and disconnections occur between 4:00pm-5:00pm Monday to Friday. Please return this form BEFORE 1.00pm on the day prior to connection to avoid an after-hours fee.

Account Owner(s) Details

Account Name/Names _____

Contact Number _____ **Email** _____

I would like to receive my account via email ☐ Yes ☐ No

Are there dogs or cats at this property? ☐ Yes ☐ No If yes, ensure there is safe access for staff to enter the property and register your animal at https://dogsandcatsonline.net.au/

Transfer Electricity Supply to:

Property Address where a NEW supply is required

Address _____ **Date of Commencement** ____ / ____ / ____

Please select one of the following

☐ Private Rental ☐ Owner ☐ Raine & Horne ☐ LMS ☐ Wardle Co Real Estate

☐ Andrews Property ☐ BHP ☐ Secker Real Estate ☐ Government Housing

Disconnect Electricity Supply From:

Property Address where supply is to be <u>disconnected</u>

Address _____ **Date to Commence** ____ / ____ / ____

Please select one of the following

☐ Private Rental ☐ Owner ☐ Raine & Horne ☐ LMS ☐ Wardle Co Real Estate

☐ Andrews Property ☐ BHP ☐ Secker Real Estate ☐ Government Housing

Forwarding Postal Address _____

Forwarding postal address required – not an email address

Authorisation

Please note that you will be responsible for all power usage/charges until we are notified of any changes.
A vacating/transferring fee will be charged in accordance with Council's *<u>Fees and Charges Register.</u>*

Transferring of Account

- *Your bond payment or payment option will be automatically transferred to your new address.*

Leaving town

- ***Bond will not be refunded until final account is paid in full**. If you would like your bond refunded by EFT, please complete appropriate form.*
- ***Direct Debit Authorisation will not be cancelled until final account is paid**.*

Name _____ **Name** _____

Signature _____ **Signature** _____

Date _____ **Date** _____

** A signature is required for each person named above as Account holder/s.*