

Gas Disconnection

IMPORTANT NOTICE

Maranoa Regional Council is collecting personal information you supply on this form in accordance with the Gas Supply Act 2003. The personal information collected on this form will be used to ascertain requirements for gas connection/disconnection. Your Personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to the Department Employment Economic Development & Innovation for the purpose of resource management. Your personal information is handled in accordance with the Information Privacy Act 2009.

Customer Details

Date Disconnection Required ___/___/___

Surname:		First Name:	
Company Name:			
Forwarding Postal Address			
Suburb:		Postcode:	
Phone (h):		Phone (w):	
Phone (m):		Fax:	
Email Address:			

Request Details

Supply Address:			
Phone (h): (after date of final reading)		Phone (w):	
Phone (m):		Fax:	

Customer Signature & Declaration

By signing this form you are declaring that you are the authorised account holder and that you are requesting Maranoa Regional Council discontinue your gas supply on the date stated above. **(Please note: Council is unable to accept any back dates when disconnecting – please allow sufficient time prior to vacating premises)**

Signature: _____	Date: ___/___/___
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Office Use Only

Assessment Number:	Trim Number:	
Previous Reading:	NAR:	Customer Request No:
Final Account: = \$ _____ Arrears: = \$ _____ Total Amount Owing (brackets indicates account in credit: = \$ _____		
Account Finalised		
Signature: _____ (Finance Officer)		Date: ___/___/___

Gas Service Officer

Date:	Read Batch:	Calc Batch:
Final meter Reading:	Meter Number:	Min Charge: