



## APPLICATION FOR WATER-TEST METER

Account number

Book number

Reference number

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Full name & surname: \_\_\_\_\_

Reason for application: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Postal address: \_\_\_\_\_

Installation Date

Time

*(NB: Connection will only be done during office hours and entrance to the water metres must be accessible.)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use:**

### OTJIWARONGO MUNICIPALITY

Private bag: 2209 Otjiwarongo Namibia

TEL: (09 264 67) 302231

FAX: (09264 67)302098

Email: [enquiries@otjimun.org.na](mailto:enquiries@otjimun.org.na)

website: [www.otjiwarongomun.org](http://www.otjiwarongomun.org)

Date	Old Meter No	Reading	New Meter No	Reading

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