ezipower

This form can also be completed online at www.ezipower.com.au

RESIDENTIAL UTILITIES CLOSURE FORM

Please **PRINT** in block letters. Complete **ALL** sections which apply to you and return completed form to Ezi Power. This application can not be accepted if incomplete. Please complete all details to ensure your utilities are disconnected as soon as possible.

STREET ADDRESS FOR SUPPLY

Property Name: _____

Property Address: _____ _____ _____ _____ _____ _____

unit/shop no | street no | street name | suburb | state | p/code

Date of Disconnection:
(this is the moving out date) _____

ACCOUNT HOLDERS - PERSON/S RESPONSIBLE FOR PAYMENT

ACCOUNT HOLDER 1

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

Name: _____ _____
given name | surname

Phone: _____ _____
home/work | mobile

ACCOUNT HOLDER 2

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

Name: _____ _____
given name | surname

Phone: _____ _____
home/work | mobile

DELIVERY ADDRESS FOR ACCOUNT

☐ Send my account via email _____
email address

☐ Post to new address

_____ _____ _____ _____ _____ _____
unit no | street no | street name | suburb | state | p/code

TERMS AND CONDITIONS

Until this form is completed and returned, Ezi Power - acting on behalf of the Body Corporate/Strata Plan/Owners Corporation (Scheme) is unable to disconnect supply.

☐ I/We agree to pay the final utility charges as set by the scheme within 17 days of the issue.

☐ I/We acknowledge that the scheme may take whatever action is necessary, including legal action, if I/we fail to pay the final utility bill.

☐ An exit fee will be charged to your final account

IMPORTANT: RETAIN A COPY OF THIS FORM FOR YOUR RECORDS