

APPLICATION FOR DISCONNECTION

Body Corporate Details		
Atlantis West Apartments	CTS 8790	
Building Name	CTS No.	ED No. (Office Use Only)

Supply Address Details		
		8 Admiralty Drive
Lot No	Unit No	Street Name
PARADISE WATERS		QLD
Suburb	State	Post Code
		4217
Disconnection Date	Final Meter Read (Office use Only)	

Applicant's Details		
Mr/Mrs/Miss/Ms	Surname (or Business name / Corporation)	First Name

Forwarding Address		
Lot No	Unit No	Street Name / PO Box
Suburb	State	Post Code

Signature of Applicant	
Signature	Date

Lodgement of Application	
POST	Post this form to: BCS, PO Box 444, Broadbeach Qld 4218
FAX	Fax this form to: (07) 5509 6677
EMAIL	Email this form to: utilities@communitye.com.au