

APPLICATION FOR DISCONNECTION

Body Corporate De	etails			
Atlantis West A	Apartments		CTS 8790	
Building Name			CTS No.	ED No. (Office Use Only)
		l		
Supply Address De	tails			
		2 Admiralty Drive		
Lot No	Unit No	Street Name		
PARADISE WATERS			QLD	4217
Suburb			State	Post Code
Disconne	ction Date	Final Meter Read (Office use Only)		
]		
Applicant's Details				
Mr/Mrs/Miss/Ms	Surname (or Business name / Corporation)			First Name
Forwarding Addres	ŝS			
Lot No	Unit No	Street Name / PO Box		
	Suburb		State	Post Code
		1		
Signature of Applicant				
Signature				Date
		1		
Lodgement of App	lication			
POST	Post this form to:	BCS, PO Bo	x 444, Broadbeac	h Qld 4218
FAX	Fax this form to:	(07) 5509 6677		
EMAIL	Email this form to:	: <u>utilities@communitye.com.au</u>		