

Change of Tenant All Charges Form



Property Number: _____ Advised: / /

R/E O T other: Application Trimmed:

Tenant Number: _____

Name of Business: _____

Type of Business: _____

Proprietors Name: _____

Supply Address: _____

Postcode: _____

Postal Address: _____

Postcode: _____

Email Address: _____

Phone: (Business) _____

(Mobile) _____ (After Hours): _____

Owner: _____

Date Commenced: / / Date Vacated: / /

Previous Address: _____ Forwarding Address: _____

Will they be a tenant at this forwarding address? **YES** **NO**

OFFICE USE ONLY

Meter No	Commencement	Vacating
Date to be Read:	/ /	/ /
Reading:		
Previous Reading:		
Used:		
Charge:		

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