

Customer Information Update

THIS FORM CAN ONLY BE COMPLETED & SIGNED BY THE PROPERTY OWNER
PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM

Date of Application	/ /20	Veolia Account Number:	
----------------------------	-------	-------------------------------	--

ADDRESS OF PROPERTY		
Street No	Street Name	Suburb

PROPERTY OWNER DETAILS			
Owner 1: First Name		Surname	
Owner 2: First Name		Surname	
Company Name			
Owner's Postal Address			Post Code
Contact Numbers	Home		Mobile
Email Address			

TENANT DETAILS			
(Please complete if you wish the account to go directly to your tenant)			
(NB: The account will still remain in the owner's name but will go C/- the nominated person)			
Tenant 1: First Name		Surname	
Tenant 2: First Name		Surname	
Tenant's Postal Address			Post Code
Contact Numbers	Home		Mobile
Email Address			

PROPERTY MANAGEMENT INFORMATION			
(Please complete if account is to be sent to a property management company on behalf of the owner)			
(NB: The account will still remain in the owner's name and will go C/- the Property Management Co.)			
Company Name			
Contact Person			
Postal Address			Post Code
Contact Numbers	Office		Mobile
Email Address			

NAME & SIGNATURE OF OWNER		
Name	Signature	Date
1.		
2.		