

# **FORM – 016**

\_\_\_\_\_ MUNICIPALITY / CORPORATION

## **APPLICATION FOR CLOSURE OF WATER TAP CONNECTION**

**File No** .....  
(to be generated by **CSC**)

### **A. Applicant Particulars:**

1. Name of the Applicant	
2. S/o, D/o, W/o.	
3. Postal Address of the Applicant	
4. Contact (Mobile) No.	
5. Door No.	
6. Assessment No.	
7. Consumer No.	

### **B. Closure of Connection Details :**

1. Connection Closure Type	Temporary [ <input type="checkbox"/> ] Permanent [ <input type="checkbox"/> ]
2. Reasons for closure	

### **C. Enclosures:**

1. Document if any [  ]

#### **Applicant Undertaking:**

I hereby declare that all the information mentioned above is true to my knowledge. In case of any discrepancies if arises I will be held responsible.Hence it is requested to assess disconnect my water tap connection in view of the reasons mentioned above.

**Applicant**

#### **Office Use Only**

I have verified the application and the enclosures and the application qualifies for further verification.

**Name & Signature of the Receiver**