



Notification of Cessation/Transfer of Business
(Regional Filling System only)

APPLICANT DETAILS

Customer Name

Customer Number

I wish to notify Ben Lomond Water that effective ____ \ ____ \ ____
the above business has:

(Please complete either Part A or B)

A. Ceased operating as a water carter No of keys returned
*** Please note all keys need to be returned with this form in order to refund key deposits.

B. Been sold and keys transferred to new operator
New Customer Details
Name
Address

Contact No
Contact Name

The forwarding details for my final account are:

Customer Address

Contact Number

Applicant Declaration

I declare the above information to be true and correct

Signature Date / /

Print full name

The completed form and any keys can be returned

Via Mail: PO Box 745, Launceston

In Person: 36-42 Charles St, Launceston

OFFICE USE ONLY
Date Received / /