

SEPTIC TANK PUMP REQUEST FORM

NO REQUEST FORM WILL BE FAXED TO CCM IF FEES ARE NOT PAID.

Requested by: _____

Delivery address: _____

Cellphone no: _____

Pump date: _____

Account no: _____

Applicants signature: _____ Date: _____

Pumping in office hours will be N\$ 201.20 and N\$ 263.50 after hours, payable in advance, unless an account was opened prior to request..

I, _____ confirm that the requested services were done on
_____ at _____.

CCM Representative: _____ Date: _____

FOR OFFICE USE ONLY

RoshSkor authorisation: _____ Date: _____

Dated faxed to CCM: _____ By whom: _____

Rec. no. of fees paid: _____

Account no. _____ Invoice no. _____

Vote no. _____