

DISPUTE FORM

This form is to be used for the logging of disputes for the prevention of disconnection of services. This form may ONLY be completed by a customer services representative of debt collection official. Please tear bottom part and provide to customer.



MANGAUNG

METRO MUNICIPALITY
METRO MUNISIPALITEIT
LEKGOTLA LA MOTSE

DIRECTORATE
FINANCE

Account Details:

Date of Dispute:	Y	Y	Y	Y	M	M	D	D		
Account Number:										

Personal Information:

Mr	Mrs	Other	Surname:							Initials:		
First Name:												
ID Number:												
Cell Number:												
Home Number:												
Email:												

Address where services are being rendered:

Name of Flat/Townhouse/Court/Building Name:												
										No:		
Street Name:												
										No:		
Suburb:												
										Postal Code:		

Nature and Description of Complaint (Please attach necessary screenshots, documents, etc.)

Customer Signature

Official who verified the account
Customer Services

Receipt of Dispute:

Date of Dispute:	Y	Y	Y	Y	M	M	D	D		
Account Number:										

Name of official in Debt Collection:

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Signature of Official