

Request Amend Name on Gas Account

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with Gas Supply Act 2003. The personal information collected on this form will be used to ascertain requirements for gas connection/disconnection. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to Department Employment Economic Development & Innovation for the purpose of resource management. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Date Amendment Required: ___ / ___ / ___ Assessment Number: _____



Account Name Amendment Details *(*phone contact details are required for processing purposes)*

| CURRENT NAMES LISTED ON ACCOUNT | | | | Remove |
|-----------------------------------|-----|---------------|--|---|
| Surname: | | First Name/s: | | <input type="checkbox"/> |
| Surname: | | First Name/s: | | <input type="checkbox"/> |
| ADDITIONAL NAME TO ADD TO ACCOUNT | | | | <input type="checkbox"/> Identification Sighted by Council Employee |
| Surname: | | First Name/s: | | |
| Postal address: | | | | |
| Suburb: | | Postcode: | | |
| Date of birth: | / / | *Phone (w): | | |
| *Phone (h): | | *Phone (m): | | |



Nearest Relative (Not Living With Applicant):

| | | | |
|-------------|--|---------------|--|
| Name: | | Relationship: | |
| Address: | | | |
| *Phone (h): | | *Phone (m): | |



Details of Premises of Gas Account

| | | | |
|---|---|-----------|--|
| Gas Account Assessment Number: | | | |
| Address: | | | |
| Suburb: | | Postcode: | |
| Premises: | <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenanted | | |
| For rented premises Landlord / Agent Name: | | | |

Customer Signature & Declaration

By signing this form you are declaring that you will be the authorized account holder and that you are requesting Western Downs Regional Council to connect your gas supply on the stated date. As the account holder, you will be responsible for all gas consumption charges including the monthly access charge. Failure to pay these charges will result in disconnection from the supply, which may incur additional costs to you. If payment is not received, further debt recovery action may be taken.

In addition, you accept the conditions described in the Standard Gas Sale Contract, a copy of which has been supplied with this application and forms part of your contract with Western Downs Regional Council.

| | | |
|---|-----------|-----------|
| Applicant name: | Signature | Date: / / |
| Witness name: (Council Employee) | Signature | Date: / / |
| Applicant has received a copy of Standard Gas Sale Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

