

TELEPHONE : 306547  
TELEGRAMS: MERAPE  
FAX: 306535  
REFERENCE:



REPUBLIC OF BOTSWANA  
REPUBLIC OF BOTSWANA

DEPARTMENT OF HOUSING  
PRIVATE BAG 00138  
GABORONE  
BOTSWANA

WATER UTILITIES CORPORATION  
P / BAG 00276  
GABORONE

Dear Sir/Madam

**RE: DISCONNECTION OF WATER UTILITY SERVICES**  
**HOUSE/FLAT NO: \_\_\_\_\_ GABORONE**

**Reference is made to the above.**

This is to certify that Mr/Mrs/Ms \_\_\_\_\_ occupying the above unit has filled application form for water disconnection and paid final bills on \_\_\_\_\_.

**Certified by :.....**

**Signature:.....**

**Date stamp:**