

City of Tshwane

Accounts and services / Customer Care

012-358 8888

www.tshwane.gov.za

CUSTOMERCARE@tshwane.gov.za

To whom it may concern

I _____ (Full Names)

Owner of _____ (Street Address)

ID Number: _____

Hereby grant permission and instruct **Lehana Potgieter** to close my accounts and submit my Tshwane Refund Form on my behalf.

Kind Regards

Signature

Date