



DISPUTE/QUERY FORM - 2024/2025

Account Number: _____

Name: _____

To: _____ **Section** Date: _____

- Late Payment Allocation/Wrongful Allocation
- Billing Problem (awaiting adjustment)
- Adjustment/Transfer
- Final Demand/Administration fee
- Other

Nature of dispute/query: _____

Client's signature: _____

After completing the form, kindly email it to customerservices@mogalecity.gov.za