



Annexure 10.10

Meter Related Complaints / Request for Testing of Meter
(Tick the applicable purpose) (Refer Reg. 5.31)

To

(Representative of Licensee)

Complaint reference No.: _____ (to be given by Licensee)

1. Service Connection No./Consumer ID: _____
2. Name of the consumer: _____
3. Address and Telephone No. of the consumer: _____

4. Brief description of the complaint – Burnt out / Completely stopped / Fast meter / Slow meter / Seal broken / Testing of Meter
5. Initial cost of meter was borne by (*tick one*): Consumer / Licensee
6. Complainant desires to provide/has provided a new meter for replacement (*Yes/No*):
7. Any other information

Date: _____ (Signature of Consumer)

(For Office Use)

1. Site verification report
Signature (concerned official)

2. Comments of concerned official
Signature (concerned official)

Acknowledgement

Complaint reference no.: _____ (to be given by Licensee)

Complaint received by: _____ (name and designation)

Date of receiving complaint: _____

Signature / Seal of Licensee's representative
Name and Designation: