

**REQUEST FOR ELECTRICITY SERVICE DISCONNECTION/SHIFTING**

Name Phone No:.....

Address: Consumer Number:.....

Address for Communication

Service applied for:	Service Disconnection	<input type="checkbox"/>	Meter Shifting	<input type="checkbox"/>
	Service Shifting	<input type="checkbox"/>	Pole Shifting	<input type="checkbox"/>

(Please tick off as appropriate)

Type of Disconnection

Permanent

Temporary  Period  Days/Months/Years

Reasons: (1) Renovating house

(2) House construction

(3) Transfer of the service connection to a temporary shed in the premises

(4) Emigration

(5) Any Other (Please give details):.....

\* I agree to pay the reconnection charge at the time of reconnection and the minimum monthly charge to the Company for maintaining the service. Please handover the bill to my representative at the house.

\* I agree to pay the cost of labour and extra material for shifting the service connection.

(Please delete whichever is inapplicable and produce the acknowledge slip given to you at the time of reconnection)

.....  
Customer's Signature

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(for office use)

BM

Consumer Number:.....

I have inspected the above premises. I certify that the applicant is the consumer/not the consumer.

.....  
Signature of CSS