

This form is available free of cost

**Format for Meter Related Complaints or Testing of Meter**

Complaint Ref. No.: \_\_\_\_\_

(To be given by Licensee)

1. Name, address and telephone No., if any of the complaint.
2. Book Number / Service Connection Number
3. Brief description of the complaint-Burnt out / completely stopped / Fast / Seal broken / Testing of Meter
4. Initial cost of meter was borne by consumer / Licensee
5. Complainant desires to provide / has provided a new meter for replacement (Yes / No)
6. Any other information

Date:

(Signature of Applicant)

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**(For Office Use)**

1. Site verification report

Signature  
(JMT / SMT)

2. Comments of AE (Meter)

Signature  
AE (Meter)

3. Reference of informing the consumer within seven days

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**ACKNOWLEDGEMENT TO BE HANDED OVER TO CONSUMER**

1. Complaint reference No.  
(To be given by Licensee)
2. Complaint received by  
(Name & Designation)
3. Complaint receiving date
4. Target time to resolve

Signature of Representative of Licensee