

Application for Metering, Billing and Other Complaints



Please put a tick (✓) in the appropriate box)

Metering Complaint	<input type="checkbox"/>	Billing Complaint	<input type="checkbox"/>	Other Complaints	<input type="checkbox"/>
---------------------------	--------------------------	--------------------------	--------------------------	-------------------------	--------------------------

1) Service Connection Number (16-digit) :

2) Name of the Consumer :

3) Name of the Complainant :

4) Full address of the premises :

5) Communication Address :

6) Mobile Number :

7) Aadhaar Number :

8) Brief Description of the Complaint :

9) Any Other Information :

10) Supporting documents (if any) :

11) Date of Complaint :

Signature of the applicant