

RECONNECTION FORM

		Receipt #:
Account No. (s):		
First Name:		Last Name:
Address:		Tel No#: (264)
With reference to yo	rvice is Two hundre	reconnection dated/, the charge for a d EC dollars (EC\$200.00) and all outstanding arrears on
Reconnection Fee	\$ 200.00	
Arrears	\$	
Meter Cost	\$	
Total Cost	\$	
Signature of Applica	nt	Processing Officer
Date://_		Date/
	FOR C	OFFICE USE ONLY Work Order#:
Assign to		From:
Date completed		Time:am / pm
Meter number		Meter reading:
Work done by:		