



RECONNECTION FORM

Receipt #: _____

Account No. (s): _____ - _____, _____ - _____ & _____ - _____

First Name: _____

Last Name: _____

Address: _____

Tel No#: (264)- _____

With reference to your application for a reconnection dated ____/____/____, the charge for a Reconnection for service is Fifty EC dollars (**EC\$50.00**) and all outstanding arrears on the account(s) must be paid in full.

Reconnection Fee **\$ 50.00**

Arrears \$ _____

Meter Cost \$ _____

Total Cost \$ _____

Signature of Applicant

Date: ____/____/____

Processing Officer

Date ____/____/____

FOR OFFICE USE ONLY

Work Order#: _____

Assign to _____

From: _____

Date completed ____/____/____

Time: _____:_____ am / pm

Meter number _____

Meter reading: _____

Work done by: _____