

**Meter Related Complaints / Request for Testing of Meter**  
(Tick the applicable purpose)

Complaint reference No.: \_\_\_\_\_ (to be given by Licensee)

1. Service Connection No.: \_\_\_\_\_

2. Name of the consumer: \_\_\_\_\_

3. Address and Telephone No/Mobile No/ Email of the consumer:

\_\_\_\_\_  
\_\_\_\_\_

4. Brief description of the complaint – Burnt out / Completely stopped / Fast meter / Seal broken / Testing of Meter

5. Initial cost of meter was borne by (*tick one*): Consumer / Licensee

6. Complainant desires to provide/has provided a new meter for replacement (Yes/No):

7. Any other information

Date:

(Signature of Consumer)

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(For Office Use)

1. Site verification report

Signature (concerned official)

2. Comments of concerned official

Signature (concerned official)

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**Acknowledgement**

Complaint reference no.: \_\_\_\_\_ (to be given by Licensee)

Complaint received by: \_\_\_\_\_ (name and designation)

Date of receiving complaint: \_\_\_\_\_

Signature / Seal of Licensee's representative  
Name and Designation: