
FORM FOR MOVING ELECTRA / WATER METER

Reg. nr :

Last Name :
Name :
Address :
Home phone nr / Mobile nr :
Work phone nr :
Account nr :

Moving of : (pls mark checkbox)

- | | | |
|--|--|--|
| <input type="checkbox"/> Water Meter
nr : | <input type="checkbox"/> Electra Meter
nr : | <input type="checkbox"/> Low Voltage net |
| <input type="checkbox"/> Service Pipe | <input type="checkbox"/> Low Voltage Pole | <input type="checkbox"/> Support Pole |

Describe the work to be done :
.....
.....
.....
.....

Situation Sketch :

Date :

Signature :