

Guyana Power & Light Inc.

Change Of Tenancy Investigation

User Name _____

Date: _____

Inv..# _____

Current Address Field Report

Name of Applicant: _____

Date Raised: _____

Landlord Address: SAME

Current Address: _____

ConsumerID _____

Telephone _____

Comments: _____

Occupation: _____

Supported Doc:

TRANSPORT/Title ID Card Certificate of Inspection Power of Athorney Noterised Letter

Landlord: SAME

Account #: _____

Balance: _____

Balance Over Ridden: _____

Date & Length Of Occupancy For _____

Present Address: _____

Is Applicant Related To LandLord/Lady:

Yes No

Is Applicant Related To Previous Tenant:

Yes No

Service Type:

Residence Business Non-Profit Organisation

Size Of Entrance Switch:

Certificate #: _____

Volts:

Amps

Certificate Date _____

Wire

Phase

Name Of LandLord/Lady: _____

Address Of LandLord/Lady: _____

Applicant was last/is consumer at _____

Meter #: _____

Reading: _____

Meter Status:

Working Not-Working

Service Rate:

A B C D E S

Service Name: _____

Service State:

Disconnected Connected Meter Taken Out

Location BLDG.

Front Back Top Bottom

GENERAL APPLIANCES IN USE

	QTY		QTY		QTY		QTY
Air Conditioner	<input type="checkbox"/>	Juice Extractor	<input type="checkbox"/>	Computer System	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>
Freezer	<input type="checkbox"/>	Stereo System	<input type="checkbox"/>	Electric Heater	<input type="checkbox"/>	Electric Kettle	<input type="checkbox"/>
Electric Stove	<input type="checkbox"/>	VCR	<input type="checkbox"/>	Electric Fan	<input type="checkbox"/>	Television	<input type="checkbox"/>
Electric Water Pump	<input type="checkbox"/>	Electric Grass Cutter	<input type="checkbox"/>	Microwave Oven	<input type="checkbox"/>	Washing Machine	<input type="checkbox"/>
Electric Iron	<input type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>	Toaster	<input type="checkbox"/>	Blender	<input type="checkbox"/>

Investigator's Comments: _____

Investigator Name(Block Capital): _____

Date: _____

Investigator Signature and Date: _____

I/we accept the conditions specified, in which the company will provide me/us with an electrical meter.

Signature of Applicant: _____

Date: _____

(Or wife of applicant is signing on behalf of husband in which case add "for and on behalf of name

Note: Where application is made by a limited Company or other body, the form must be signed by a Director or Manager of the Company, or by the Secretary duly authorised to sign on behalf of the Company or other body. Where is made by a Partnership, the form must be signed by all partners, or by one Partner "for Self and Partner"