

ALDERNEY ELECTRICITY LIMITED

Standing Charge Assessment Form

CUSTOMER ACCOUNT NO: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

NAME: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

ADDRESS: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

TARIFF SCALE: **Two Part**

Please state type of building: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
 (e.g. House, Flat, Shop, Garage, Hotel, Church, etc)

ROOM	ROOMS <i>(please itemise all rooms in premises)</i>	ROOM SIZE/AREA
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

TOTAL NUMBER OF ROOMS (not including bathrooms) 0 0 0 0 0 0 0 0 0 ...

Any Other Information: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

SIGNED: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 . DATE 0 0 0 0 0 0 0 ..0 ..201

PLEASE COMPLETE AND RETURN ASSESSMENT FORM AS SOON AS POSSIBLE