Standing Charge Assessment Form

CUSTOMER ACCOUNT NO: ……

NAME: ……

ADDRESS: ……

……

TARIFF SCALE: **Two Part – TARIFF C - Full-time occupation**
(it is likely that if your property is occupied for a total of less than 3 months per calendar year, tariff A will be applicable)

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

Rooms over 250sq ft count as 2 rooms

ROOM	ROOMS *(please itemise all rooms in premises)*
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

TOTAL NUMBER OF ROOMS **(not including bathrooms)** ……...

Any Other Information: ……
……
……

SIGNED: …… DATE……..……

Registered Office The Power Station • York Hill • Route de Crabby • Alderney • GY9 3XY
Telephone 01481 822715 Web www.alderney-elec.com