



SURIGAO DEL SUR I ELECTRIC COOPERATIVE, INC.
SAN FERNANDO, BISLIG CITY, SURIGAO DEL SUR

CUSTOMER REQUEST FORM

DATE: _____

NAME: _____ CRF NO.: _____

COMPLETE ADDRESS: _____ ACCOUNT NO.: _____

CONTACT NUMBER/S: _____ METER NO.: _____

NATURE OF REQUEST:

- | | |
|---|--|
| <input type="radio"/> INSTALLATION OF TRANSFORMER | <input type="radio"/> LINE EXTENSION |
| <input type="radio"/> RETIREMENT OF TRANSFORMER | <input type="radio"/> TEMPORARY CONNECTION |
| <input type="radio"/> TRANSFORMER RENTAL | <input type="radio"/> LINE CLEARING |
| <input type="radio"/> OTHERS (PLEASE SPECIFY): | |

ACTION/S TAKEN:

CUSTOMER

(SIGNATURE OVER PRINTED NAME)



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