



FORM O - METER REPLACEMENT FORM

Mr./Mrs./Ms. :

Location:

Consumer No/BP/CA :

New CA:

Old Meter Data

Old Meter No. :	
Old Meter Rating :	
Old Meter Final Reading :	
Reason for Meter Change :	

Charges

Additional Meter Security:	
Additional Energy Security:	
Meter Connection Charges:	
Meter burnt Charges:	
Cable Connection Charge:	
CT Charges:	
Final Bill:	
Installed By:	
Employee ID:	

New Meter Data

New Meter No:	
Meter Type: (SP TP , CT , CTPT)	
Make:	
Meter Rating:	
Circuit CT:	
DMF:	
Meter Digit:	
Date of installation:	
Initial Reading:	
Meter Seal No:	

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(Signature of the Manager / Officer in-charge with official seal)