



CSC No. _____
 Date _____

Central Power Distribution Company of Andhra Pradesh Limited
Customer Service Center
COMPLAINTS

SC No. _____

1. Name and Address of Consumer with Telephone No. _____

2. Nature of complaint (Please tick the relevant Complaint):

BILLING COMPLAINTS		CSC No. _____
<input type="checkbox"/> Additional Charge Dispute	<input type="checkbox"/> Late Bill Receipt	<input type="checkbox"/> Re-Billing Request
<input type="checkbox"/> Arrears Dispute	<input type="checkbox"/> Meter Reading Correction Request	<input type="checkbox"/> Recharge Dispute
<input type="checkbox"/> Back Billing Dispute	<input type="checkbox"/> Meter Reading Not Taken	<input type="checkbox"/> Report of Theft / Mispractice
<input type="checkbox"/> Bill Correction Request	<input type="checkbox"/> Name Correction	<input type="checkbox"/> Wrong Billing Request
<input type="checkbox"/> Door Locked Cases	<input type="checkbox"/> On Demand Bill Request	

O & M COMPLAINTS		CSC No. _____
<input type="checkbox"/> Line Bundled / Twisted	<input type="checkbox"/> Supply Failed - 3 Phase / Net	<input type="checkbox"/> Voltage Low
<input type="checkbox"/> Line - Live branches Touching	<input type="checkbox"/> Supply Failed - Individual	<input type="checkbox"/> Meter Running Slow / Staggish
<input type="checkbox"/> Pole Fell Down	<input type="checkbox"/> Transformer - Cable / Lugs Burnt	<input type="checkbox"/> Meter Running Fast
<input type="checkbox"/> Pole Leaking	<input type="checkbox"/> Transformer - Oil Leaking	<input type="checkbox"/> Meter Stuck Up
<input type="checkbox"/> Pole Rusted / Damaged	<input type="checkbox"/> Transformer - Smoke / Flames	<input type="checkbox"/> Other Meter Defect
<input type="checkbox"/> Pole Short	<input type="checkbox"/> Transformer - Sparking at Pole	<input type="checkbox"/> Shifting of Meter
<input type="checkbox"/> SC - Wire Broken	<input type="checkbox"/> Voltage High	<input type="checkbox"/> Street Light Complaint
<input type="checkbox"/> SC - Wire Loose Connection	<input type="checkbox"/> Voltage Fluctuation	<input type="checkbox"/> Meter Burnt

APPLICATION ON OTHER CUSTOMER SERVICES		CSC No. _____
<input type="checkbox"/> Additional Load Complaint	<input type="checkbox"/> 1TR Shift	<input type="checkbox"/> Shifting of Service / Meter
<input type="checkbox"/> Address Correction	<input type="checkbox"/> Line Shift	<input type="checkbox"/> Title Transfer
<input type="checkbox"/> Category Change	<input type="checkbox"/> Requirement of Additional Poles	<input type="checkbox"/> Dismantle of Service

CONSUMER STATEMENT

 Signature of Consumer

RECORD OF THE APPLICATION	
1. Sent to AE / Operation on _____	5. Informed to Consumer for Payment _____
2. Received from AE / Operation on _____	6. Payment Received _____
3. Sent to AAO / ERO on _____	7. Sent to AE / OP _____
4. Received from AAO / ERO _____	8. Work completed on Date _____



CENTRAL POWER DISTRIBUTION COMPANY OF ANDHRA PRADESH LIMITED

Operation Circle, Rangn Reddy West Greater Hyderabad

TRANSFER APPLICATION FORM

I _____ hereby transfer
my service connection No. _____ at door No. _____
street _____ Town _____ to
Sri / Smt. / Kumar _____ with Security
Deposit of Rs. _____ (Rupees _____)
pledged by me, as I have (1) left the house or (2) sold the house or (3) mortgaged and
I have nothing to do with the service from hence forth, as have foregone all my rights
in the service connections.

(Signature)
Signature of Transferer

I _____ hereby agree
transfer of the said service connection to _____
at Door No. _____ Street _____
Town _____
with the security deposit as I have taken possession of the said premises from
Sri/Smt./Kumar _____ I hereby
agree to abide by the conditions of the agreement for the requisition entered into by
Sri/Smt./Kumar _____ with the Board
I agree to execute agreement and L.T. requisition and abide by the conditions laid down
by the Board if required.

(Signature)
Signature of Transferee