



CSD-FR001

NEVIS ELECTRICITY COMPANY LIMITED

P. O Box 852, Main Street, Charlestown, Nevis, West Indies Tel: (869) 469-7243/7245

FINAL READING APPLICATION

Date: _____

Customer Information

1. ACCOUNT #: _____

2. CUSTOMER NAME: _____

3. CUSTOMER ADDRESS: _____

4. DATE OF REQUESTED READING _____ / _____ / _____
MONTH DAY YEAR

5. DIRECTIONS: _____

APPLICANTS NAME (In Block Letters)

RECEIVING OFFICER (In Block Letters)

APPLICANTS SIGNATURE

DATE

"All Correspondences should be addressed to the General Manager"



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FOR OFFICIAL USE ONLY

FOR USE BY METER READERS

METER NO. _____

METER READING _____

DATE OF READING _____

METER READER'S SIGNATURE

FOR USE BY BILLING CLERK

DATE BILLED: _____

COST\$ _____

BILLING CLERK