



NEVIS ELECTRICITY COMPANY LIMITED

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

REQUEST FOR RECONNECTION

DATE _____

ACCOUNT # _____

ACCOUNT NAME _____

ADDRESS _____

Please reconnect the supply of electricity to the above address on ____/____/____.

APPLICANTS NAME (Block Letters)

APPLICANTS SIGNATURE

DATE

Customer Service Rep/Receiving Officer

DATE

<u>OFFICIAL USE ONLY</u>	
<input type="checkbox"/>	Account reconnected on line _____/_____/_____ Signature: _____
<input type="checkbox"/>	Account reconnected in system on _____/_____/_____ Signature _____

Note: Service order to connect account should be attached to this form.