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இலங்கை மின்சார சபை
Ceylon Electricity Board

For Office use only.

Ref. No.

| | | | | |
|--|--|--|--|--|
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|--|--|--|--|--|

Application for Testing the Accuracy of Energy Meter

Details of Applicant

1. Account No:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

2. Name in full: Rev./ Mr./ Mrs./ Miss

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

3. Address

| |
|--|
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4. Contact Details (If any)

| | | |
|---------------|--------|--|
| Telephone No. | Mobile | |
| | Fixed | |
| Email | | |

5. If the meter is proved to be inaccurate, mark (✓) the preferred mode of refund of charges for meter testing, and provide the original copies of your payment voucher to proceed.

- by crediting to Electricity Account
 by cheque

.....
Applicant's Signature

.....
Date

For Further Details

The details of the meter testing fee

Annex 1

For Office use only.

1) Walk Order:

Reference No.:

Electrical Superintendent (Commercial/Office)

2.1) Meter testing charge has been paid.

Paid Amount (Rs.):

Payment Voucher No.:

.....
Revenue Clerk

.....
Date

2.2) Payment for meter testing is not required.

Note :

.....

.....
Area Electrical Engineer

.....
Date

3) Chief Electrical Engineer

| Meter No: | The tested date | Reading on the tested date | Percentage of Error: |
|-----------|-----------------|----------------------------|----------------------|
| | | | |

| Please check ✓ the appropriate box. | Yes | No |
|-------------------------------------|-----|----|
| Meter Seal | | |
| Meter Box | | |
| Othe observations | | |

The difference is within the acceptable limits. Therefore, it is recommended to inform the customer that the meter is functioning correctly.

Due to faults of the meter.

i. Recommended to replace the meter.

ii. Recommended to refund the testing fee.

iii. Recommended to revise the bills.

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Other Observations:

Date:

Electrical Superintendent (Commercial):

4) Clerk (Revenue)

Approved / Not Approved

Date:

Chief Electrical Engineer:

5) The recommendations under the No. 03 have been fulfilled and filed.

Date:

Subject Clerk: