



APPLICATION FOR GAITERS / SWITCHING / DEVIATION

Form No. **D**

Central Administration Building, Church Wharf
MARSA HMR 01, MALTA

1) FULL NAME OF APPLICANT _____

I.D. CARD NO. _____

COMPANY REG. NO. _____

TELEPHONE NO. _____

POSTAL ADDRESS _____

2) ADDRESS WHERE SERVICE IS REQUIRED _____

*ACCOUNT NO. _____

3) CATEGORY OF SERVICE REQUIRED (mark as required)

i) INSTALLATION OF GAITERS
LM 10 fee

DURATION OF SERVICE FROM _____ TO _____
Gaiters will be installed for a period of exceeding 15 days.

ii) SWITCHING OFF L.V FEEDER
LM 70 Fee

DATE REQUIRED _____

TIME FROM _____ TO _____

Switching off L.V. feeder will only be resorted to in exceptional cases. Switching off is only permitted for maximum of 8 hours and must be justified and approved by the Area Engineer.

iii) DEVIATION OR AERIAL LINES
LM 10 Fee

Estimate (If applicable) _____

BUILDING PERMIT NO _____

DATE OF ISSUE _____

Please attach

COPY OF A VALID BUILDING PERMIT

SITE PLAN, SCALE 1/2500

EXISTING & PROPOSED FRONT ELEVATION

TYPE OF DEVELOPMENT WORK
(mark as required)

NEW BUILDING

ALTERATIONS

*DEMOLITION

An estimate may be required for removal of aerial lines.

*** A Form C for removal of any existing meter must be submitted.**

FORM C REG. NO. _____

4) DECLARATION BY APPLICANT

I the undersigned _____ hereby apply for the service mentioned in (3) and under the conditions mentioned.

Appliant's Signature _____

*** Attach a copy of a recently paid bill.**

For Office Use:

1) Account Status Check: _____

Amount Received: _____

Receipt No.: _____

Officer's Signature: _____

Date: _____

2) Works Order No. _____

Estimate for Deviation: _____

Accounts Officer's Signature _____

Date: _____

3) Area Engineer's Signature: _____
(if 3(ii) is required)

4) Date of service initiated by District: _____

District Officer's Signature: _____

5) Date of service completed: _____
by District

District Officer's Signature: _____