



GUARANTEED CUSTOMER SERVICE STANDARDS CUSTOMER CLAIM FORM

INSTRUCTION - Please read carefully before completing the form

PART 1: To be completed by the customer

A. NAME:.....

B. ADDRESS:.....

C. TELEPHONE NUMBER:..... Rate Class: 10/20 40/50

D. STANDARD BREACHED (Please indicate the code, see the reverse):

E. CUSTOMER & PREMISES NUMBER:

F. SERVICE REQUEST: **DATE:**..... **TIME:**.....

G. SERVICE RECEIVED: **DATE:**..... **TIME:**.....

Customer's Signature: Date:

NOTE: The customer should submit claims within 180 days or 132 working days after the occurrence of the breach. Breaches will attract multiple payments up to four (4) periods.

PART 2

1	2	3	4		5		6	7
CODE (for Standards)	* NAME OF STANDARD	STANDARD	APPLICATION OF SERVICE		COMPLETION OF SERVICE		ACTUAL TIME TAKEN	AMOUNT (J\$)
			DATE	TIME	DATE	TIME		
<u>EXAMPLE</u> EGS1(b)	SIMPLE CONNECTION	4 W/DAYS	16/5/07	-	24/07/07	-	7 DAYS	\$1,500.00

Compensatory Payment J\$	Applied to Customer's Account By:
Cost Centre Number: <i>Collections & Cash Accounting</i>
Location:	Date Accounted Credited:
Approved By:	
<i>Customer Care/Parish Manager</i>	
Date:	

* Please see overleaf for detailed description of the standards and identification codes.