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## APPLICATION FOR METER TEST

### Personal Detail

\* Surname & Initials

\* Stand / Erf no.

\* Postal Address

  

\* Street Address

  

\* Meter Number

\* Contact Numbers

Deposit paid N\$

Receipt Number

\*Signature .....

\*Date .....

### FOR OFFICE USE ONLY

Account Number

### Erongo RED Report

Test meter installed on date

Meter Number

Test meter: Start Reading

End Reading

Customers meter: Start Reading

End Reading

Test Meter Removed on date

**Erongo RED Report** (Continues)

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Meter was tested and found to be .....% too fast/slow. The deposit: refunded/not refunded.

The meter is replaced with meter number  Start Reading   
*Certificate to Revenue and Credit Control.*

Signature: Electrician ..... Date .....

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**Processed by Customer Services**

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Customer informed of test results on date

Counter	<input type="checkbox"/>
Telephone	<input type="checkbox"/>
Letter/Fax	<input type="checkbox"/>
e-mail	<input type="checkbox"/>

Signature: CSO ..... Date .....

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\* *Compulsary fields, must be completed*