

Contestable Metering Request

Customer and Site Details (to be completed by Retail Officer)

NMI	Check Digit	Present Account No's
Customer Name		
Phone Number	Fax Number	
Site Contact Name		
Phone Number	Fax Number	
Site Name		
Site Address		
Postcode		
Host Retailer	MP	
Retailer of Choice	MDA	
Network Operator	RP Function	
No. of Supply Points		
Supply Type	<input type="checkbox"/> Whole Current	<input type="checkbox"/> LV CT Ratio
	<input type="checkbox"/> HV	CT Ratio VT Ratio
Existing Meter Numbers		
Comments (eg any special access conditions)		

Important Dates

Proposed Transfer Date	Retail Termination Date
Retail Commencement Date	Retail Termination Date
MP / MDA Commencement Date	MP /MDA Termination Date

Requested By

Name (please print)	Telephone Number
Date	Email

Customer Manager

Name (please print)	Telephone Number
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Metering Dynamics Works Program (to be completed by Metering dynamics Works Coordinator)

Job Reference No.	Scheduled Installation Date	/	/
Faxed To	By		
Copies To	<input type="checkbox"/> MDA	<input type="checkbox"/> RP	Date
			/ /

Completion Notification to be emailed to Requesting Officer

Please return completed form to worksadmin@meteringdynamics.com.au and mdcustomerservices@meteringdynamics.com.au