

	NNSD FORM	Doc. No.:	F-NNSD-11
		Revision No.:	00
	APPLICATION FOR RECONNECTION OF LONG-TIME DISCONNECTED ACCOUNTS	Effective Date:	July 1, 2023
		Page:	Page 1 of 1

Date: _____

THE GENERAL MANAGER

Sir:

May I request for the reconnection of the electric service with the following details:

Name _____ location/address _____ with
 Account Number/s: _____ Meter Serial Number/s: _____

I AM SUBMITTING THE FOLLOWING REQUIRED DOCUMENTS:

1. Proof of full payment of delinquent accounts including surcharges and reconnection fee
2. Certificate of Final Electrical Inspection (CFEI)
3. Certification from BENECO accredited Electrical Practitioner
4. Location Sketch/map
5. Written authorization or Special Power of Attorney from the registered member if requesting party is representative
6. Lease contract in case requesting party is a tenant or an affidavit of waiver of the tenant (form with BENECO)
7. Notarized affidavit of Waiver if applicant is a tenant or representative
8. Photocopy of Valid ID of Applicant
9. Latest picture of kilowatt hour meter

Upon approval of my application for reconnection of electric service connection, I manifest that:

1. I agree to be held responsible for the said BENECO account/s. That should I leave the property, I am obligated to inform BENECO otherwise the liability remains with me;
2. I agree that all obligations relative to the said account not limited to the consumption shall be my responsibility;
3. Should I fail to submit a valid proof of ownership, I understand that approval of my application shall not be construed as proof of my ownership over the property installed with electric service, subject of my application for reconnection;
4. BENECO can disconnect my electrical services without further notice on the following grounds, *to wit*:
 - a. Protest, conflicting claims of ownership or any legal issue that may be raised involving the subject account, until and unless finally resolved by the court, appropriate agency or settled amicably.
 - b. Proven irregularities in the application and documents submitted.

Applicant's signature over printed name
 Contact No. _____

ACTION TAKEN BY THE CONSUMER WELFARE OFFICE

This is to acknowledge receipt of the above documents as requirements for reconnection of a long-time disconnected accounts. The said documents shall be transmitted to the Network Services Department for their final evaluation and implementation.

Evaluated by:

Reviewed by:

 Consumer Welfare and Call Center Associate

EDISON DE GUZMAN
 Consumer Welfare Officer

Date: _____

Date: _____

Approved by:

FRAISER P. ANGAYEN
 Department Manager, NNSD

Date: _____