

GOVERNMENT OF TRINIDAD AND TOBAGO

Ministry of Public Utilities



**CUSTOMER APPLICATION FORM
(PLEASE WRITE IN BLOCK LETTERS)**

1. **SURNAME:** _____ **FIRST NAME:** _____
2. **Date of Birth:** _____ Age: ____ Sex: Male Female I.D. Card/PP/DP# _____
dd/mm/yy
3. **Group Name (where applicable):** _____
4. **Address:** _____
5. **Mailing Address (if different):** _____
6. **Home Tel no.** _____ **Mobile no.** _____ **Work no.** _____ **Email:** _____
7. **Occupation:** _____ **Income/Salary** \$
8. **Service Required:**

ELECTRICITY POLES	PLEASE ATTACH T&TEC ESTIMATE	
HOUSEWIRING	First time Wiring <input type="checkbox"/>	Rewiring <input type="checkbox"/>

9. **Type of Building Structure:** Wooden Concrete Galvanize Other: _____
Flat house Elevated One Level Two Level Other: _____
10. **Number of Rooms:** Bedroom(s)____ Bathroom(s)____ Living room____ Kitchen____ Gallery____ Other: _____
11. **Social Data:**
Single Married Divorced Separated Common Law Widowed Other: _____
Single Parent Old Age Pensioner Fire Victim Natural Disaster Victim Disability Grant Recipient
Welfare Recipient: YES NO If yes, state type _____ and amount \$

List all residents in the household including dependents and non-dependents (e.g. Wife, child, aunt, grandparent, father)

Name	Age	Relationship to Applicant	Occupation (Incl. Students)	Monthly Incomes (\$)
TOTAL HOUSEHOLD INCOME				\$ <input style="width: 100px;" type="text"/>

12. **Land Tenure:** Freehold Rented/Leased Family Owned Other: _____
Documents Available (e.g. Deed, rent receipts etc.): _____
13. **Community Impact:**
Number of Households to benefit _____ Total number of beneficiaries _____
I hereby declare that the information provided is to the best of my knowledge, true and complete.
14. **Applicant's Signature:** _____ **Date:** _____
dd/mm/yy

Date of Site Visit: _____

Request Recommended: YES NO (see notation)

Approval to be sent to: T&TEC

FOR OFFICIAL USE ONLY

Project Officer:

