

REGION: _____

DISTRICT: _____

ENERGIZATION REQUEST FORM**Metering Services**

COMPANY: _____

PROJECT: _____

ADDRESS: _____

DATE FILED: _____

☐

LOAD

NEW

☐

MODIFICATION

☐☐

GENERATOR

☐

EMBEDDED GENERATOR

NGCP CONNECTION POINT:

SUBSTATION: _____

TRANSMISSION LINE: _____

ASSETS TO BE ENERGIZED (Attached detailed SLD and Site Layout)

GENERATOR : _____

METERING: _____

SUBSTATION: _____

Substation Equipment (indicate location):

TRANSMISSION _____

LINE: _____

Line Structure (indicate pole number):

TARGET ENERGIZATION DATE: _____APPLICANT'S AUTHORIZED
REPRESENTATIVE

DATE RECEIVED: _____

DATE RELEASED: _____

Approved by:

Head, Metering Assets and Services Management**Metering Point Name and SEIN:** _____**WESM Meter Registration Status:** APPROVED ☐ ON-GOING ☐ DISAPPROVED ☐**Type of Metering Service** FULL METERING ☐ METER ONLY ☐APPROVED ☐ WITH CONDITION/S ☐ DISAPPROVED ☐

Evaluation: (use separate sheet if necessary)

Recommendation/s: (use separate sheet if necessary)