

GTC

## GAS METER EXCHANGE REQUEST ONLY



## Part 1-4 To Be Completed By The Shipper

1. SHIPPER INFORMATION		2. JOB INFORMATION	
Shipper		MPRN	
Contact		Serial No.	
Phone No.		<b>Reason for Exchange</b>	
Fax Number		Meter Reading	
Date Requested		Meter Type	Cavity / Semi-submerged
3. JOB ADDRESS & CONTACT DETAILS		4. ALTERNATIVE CONTACT	
Customer Name		Name	
Daytime Tel No.		Property Number	
Evening Tel No.		Property Name	
Property Number		Street Name	
Property Name		Locality/District	
Street Name		Postal Town	
Locality/District		Postcode	
Postal Town		Daytime Tel No.	
Postcode		Evening Tel No.	
5. Party Appointed to Conduct Meter Works :-			
GTC (or their agent)/A contractor appointed by the Shipper			
<b>Job completed by :-</b>		<b>Date</b>	
Meter exchange card received	** Y / N	Meter Exchange Card sent to Shipper	** Y / N      Date:
** Delete as appropriate			
<b>COMMENTS:</b>			