



**THE BARBADOS
LIGHT & POWER
COMPANY LIMITED**

P O Box 142, Garrison Hill, Bridgetown
Tel No. 436-1800 (PBX), 430-4300 (Customer Service)
Website: www.blpc.com.bb

Guaranteed Service Standard Claim Form

Please complete and return to our customer service office at Garrison Hill or corner of Probyn and Bay Streets within three months of the date of the event giving rise to the claim.

Account No: _____

Account Name : _____

Address: _____

Name of Person making Claim (if different from Account Name): _____

Mailing Address: _____

Home Telephone: _____ Work Telephone: _____ Cellular Telephone: _____

Claim Type:

GES1 RESTORATION OF SINGLE SERVICE

GES5 PROVIDE COST ESTIMATE

GES2 RESTORATION OF MULTIPLE SERVICES

GES6 CONNECT/TRANSFER OF SERVICE

GES3 INVESTIGATION OF VOLTAGE COMPLAINTS

GES7 RECONNECTION OF SERVICE DISC. FOR DEBT

GES4 SIMPLE SERVICE CONNECTION

GES8 BILLING COMPLAINTS

Date of Event: _____

Remarks _____

Signature _____

Date: _____

Company Use Only:

(Claim) Service Order No: _____ Date: _____

Received: By Letter

In Office

Email

Date Acknowledged: _____

Method: _____

Investigated By: _____

Date Completed: _____

Accepted: _____

Rejected: _____

Comments: _____

NB: Claims will be accepted or denied within two months of receipt. If accepted, the payment will be credited to the customer's account. If denied the customer will be advised accordingly.