

Voltage Fluctuation Observation

Date: _____

Account number ICP (from power account): _____

Name of person making request for investigation: _____

Full Address: _____

Phone: _____ Fax: _____ Mobile: _____

Type of Installation:

House () Workshop () Pump () Dairy Shed ()

Other: _____

How long has the problem existed: _____

What is the nature of the problem:

Lights Flicker () Lights Dim () Computer switches off ()
Motor keeps switching off () Motor will not start () Cooking times vary ()

Other: _____

When is the problem apparent (certain days of the week/certain times of the day):

Do your neighbours have similar problems: Yes () No ()

Comments: _____

Approximate age of installation (years): _____

Own () Rent () Lease () the installation

I understand that if the problem is part of my service line or within my installation, there may be an attendance charge.

Name: _____ Signature: _____ Date: _____