

## METER ASSET PROVIDER (MAP) SUBSCRIPTION FORM

District: \_\_\_\_\_ Application No: \_\_\_\_\_

Applicant (Please tick as appropriate): Landlord  Tenant   
 Title: (Mr/Mrs./Miss/Chief) \_\_\_\_\_

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Name on the bill: \_\_\_\_\_

Address at which meter is required: \_\_\_\_\_  
 \_\_\_\_\_

Village/Town: \_\_\_\_\_ LGA : \_\_\_\_\_ State: \_\_\_\_\_

Tel No(s): \_\_\_\_\_ Alternate Tel No(s): \_\_\_\_\_

Type of premises/building: \_\_\_\_\_ Number of floors \_\_\_\_\_ Number of flats \_\_\_\_\_

Use of premises: Residential  Commercial  Industrial  Special  Street Light

Type of connection: New connection  Meter replacement

Account number(s) for which meter is required

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Old meter number (if any) \_\_\_\_\_

Meter type: 1-Phase  3-Phase  LVMD  HVMD

Current billing information: Estimate  Fixed  Meter Reading

Name of applicant: \_\_\_\_\_ Phone number: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Name of EEDC officer: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

### ACKNOWLEDGEMENT SLIP

District: \_\_\_\_\_

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of EEDC officer: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note:**

- Meters installed cannot be moved from the property for any reason other than the demolition of the property and EEDC must be informed in writing to carry out the removal.
  - The type of meter shall be decided after pre-installation survey of your premises
- If you have any queries, please contact us on 08150825365