

## Retailer Reimbursement Form for Reconnection/Disconnection

Please complete and return this form to: Western Power Claim,  
 Reply Paid 83021, Locked Bag 2520, Perth, WA 6001, Fax: 08 9225 2066 or  
 Email: [issues.management.networks@westernpower.com.au](mailto:issues.management.networks@westernpower.com.au)

**Retailer use only:** Reimbursement of payments under sections 14.1(2) and 14.2(2) of the *Code of Conduct for the Supply of Electricity to Small Use Customers*.

### Retailer authorisation details (\*indicates mandatory field)

Employee name*											
Retailer name*											
Email address*											
Telephone*								Fax			

### Customer details (\*indicates mandatory field)

Account name*											
Mailing address*											
Suburb or town*								Post code			

If different from above, the following address details of reconnection/disconnection must be filled in

Address											
Suburb or town*								Post code			
Telephone/mobile*											

### Reconnection/disconnection details (All fields mandatory)

NMI number (11 digits)												
Retailer service order reference ID#												
When was the reconnection/disconnection requested by retailer?	Date	D	D	M	M	Y	Y	Y	Y	Time		
When did the reconnection/disconnection occur?	Date	D	D	M	M	Y	Y	Y	Y	Time		

**Value of claim is \$60 per day up to a maximum of \$300 for late reconnection, \$100 per day for wrongful disconnection**

Type of claim (tick on the appropriate box)	Reconnection	<input type="checkbox"/>	Disconnection	<input type="checkbox"/>								
Value of claim	\$			Date	D	D	M	M	Y	Y	Y	Y

### Applicant declaration

By signing and submitting this claim form, I confirm:

1. That the information on this form is true and correct.
2. I have read the information supplied with this claim and agree to eligibility criteria.
3. Western Power's liability is limited to payments made pursuant to section 14.1(2) and 14.2(2) of the *Code of Conduct for the Supply of Electricity to Small Use Customers*.

Name																
Signature								Date	D	D	M	M	Y	Y	Y	Y

### Office use only

DM# : ..... Date processed:    /    /    Date claim verified:    /    /    Employee #: .....



*This information is available in alternative formats on request*