



## CUSTOMER OUTAGE REQUEST FORM

Date : .....

<b>FROM :</b>		<b>To : Manager- Distribution Asset Mangement DEWA</b>	
<b>TEL :</b> .....		<b>TEL :</b> Dubai: 04-3227464, Deira: 04-3227465	
<b>FAX :</b> .....		04-6029511 04-2390419	
<b>Email :</b> .....		<b>FAX :</b> 04-322 9055 04-3090803	
		<b>Email:</b> nis@dewa.gov.ae; Distribution.Con@dewa.gov.ae	
<b>Purpose of work;</b>	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Replacement	<input type="checkbox"/> Testing / Verify
<b>DEWA SUBSTATION NAME :</b>		<b>DURATION :</b>	
		From : Hrs. On :	
<b>EQUIPT/CKT NAME :</b>		To : Hrs. On :	
		<b>CONSUMER'S AUTHORISED PERSON :</b>	
<b>ISOLATION POINT REQD:</b>		Name :	
<b>EARTHING POINT REQD. :</b>		Contact nos	
<b>Premises details</b>	<input type="checkbox"/> Residence	<input type="checkbox"/> Commer	Name of Premises
<b>Customer Account Number / land lord Account No</b>		<b>Project Application No:</b>	E-

### Details of VCB Panels for maintenance / replacement of ACB / VCB

Existing VCB Details;		Existing ACB Details		
<b>VCB- SI no;</b>		<b>ACB SI no</b>		<b>Tr KVA Rating</b>
<b>Current VCB Rating :</b>		<b>Existing ACB Rating :</b>	Amps	Make
<b>Current setting of VCB</b>		<b>New ACB Rating :</b>	<b>ACB setting</b>	
<b>New VCB SI no</b>		<b>New ACB SI no :</b>		

**Description / Scope of Works:**

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**REQUESTED BY :**

Name : ..... Designation : ..... Tel. No. : .....

**Authorised Signature;** ..... **Company Seal and stamp**

**COMMENTS :**

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**Note: Minimum of 5 working days are required in order to arrange for the above outage.**

**For DEWA official purpose**

**WCA / WCD reference;**

**Manager Dist Asset Management**