

# Customer Service Standards Claim Form



## Customer Service Standards for Network Reliability and Performance

This claim form is to be used to make claims under the Customer Service Standards (the 'Standards') for Network Reliability. For more information about the Standards, please refer to the Brochure on Ausgrid's website.

### Customer Details: (form to be completed by electricity account holder)

Mr/Mrs/Ms \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Telephone. (AH) \_\_\_\_\_ (BH) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

National Meter Identifier (NMI): \_\_\_\_\_ (refer to your last electricity bill to obtain your NMI)

**Customer Service Standard Categories:** (Please tick box to indicate which Standard you are claiming under. Only one Standard to be claimed under per form)

<input type="checkbox"/> <b>Duration of Interruption</b> For interruptions that last too long  Metropolitan locations: 12 hours or longer Non-metropolitan locations: 18 hours or longer	<input type="checkbox"/> <b>Interruption Frequency</b> For too many interruptions within one financial year period  Metropolitan locations: 4 interruptions each lasting 4 hours or longer Non-Metropolitan locations: 4 interruptions each lasting 5 hours or longer
Date: _____  (Claim must be submitted within 3 months of the event. If exact date is unknown please provide an approximation)	Financial Year : _____  (Claims under the Interruption Frequency Standard must be lodged within three months of the end of the financial year in which the claimed interruptions occurred i.e. by 30 September each year)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that a payment under the Customer Service Standards does not change the rights you may have against any person under law and does not represent an admission of legal liability by Ausgrid.

### Send your completed claim to:

Mail: **Customer Service Standards**  
**Ausgrid**  
**PO Box 365**  
**CHARLESTOWN NSW 2290**

Fax: **(02) 4910 1749 or 1800 620 064** or Email: **NCI\_Group@ausgrid.com.au**

For more information please telephone: **1800 069 952**

**Ausgrid** ABN 67 505 337 385  
570 George Street, Sydney NSW 2000  
www.ausgrid.com.au

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