

Data Items recorded on a Conquest Theft of Gas – Network and shipper

xoserve 28th May 2009

Operational Query

(* indicates mandatory fields)

Stakeholder Details:

* Title: * Email:
First Name: Tel. No.:
* Surname: Fax. No.:

Contact:

Stakeholder Reference Identifier:

Domestic Top 50
 Industrial

Contact Explanation:
Text:

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Operational Query

(* indicates mandatory fields)

TOG Details:

* Do Allegations require Emergency Job:

* Type of Theft:

Current Address:

Building Number: Sub Building Name:
Building Name: Principal Street:
Dependent Street: Dependent Locality:
Post Town: * PostCode:

Meter Details:

Maps/Additional Paper Info:

* MPRN (1): * Call Receiver Details:
MPRN (2): Name:
MPRN (3): Location:

Telephone No:
Received Date:
Received Time:

Meter Serial Details:

Meter Serial No(1): Confirmation No:
Meter Serial No(2): Estimate Amnt of Gas(kWh):
Meter Serial No(3):

Informant Address:

Informant Name: Building Number:
Sub Building Name: Building Name:
Principal Street: Dependent Street:
Dependent Locality: PostCode:
Telephone No:

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ENQUIRY
LOGGING
CORRESPONDENCE
FILTER FAILURE
CAD

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Operational Query

(* indicates mandatory fields)

TOG Details:

* Do Allegations require Emergency Job: Yes

* Type of Theft: Illegal connection

Current Address:

Building Number: 1 Name:

Building Name: Street:

Dependent Street: Locality:

Post Town: PostCode: b91

Meter Details:

Maps/Additional Paper Info:

* MPRN (1): 81088308

MPRN (2):

MPRN (3):

Meter Serial Details:

Meter Serial No(1):

Meter Serial No(2):

Meter Serial No(3):

Informant Address:

Informant Name:

Sub Building Name:

Principal Street:

Dependent Locality:

Telephone No:

Call Receiver Details:

Name:

Location:

Telephone No:

Received Date:

Received Time:

Confirmation No:

Estimate Amnt of Gas(kWh):

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ENQUIRY
LOGGING
CORRESPONDENCE
FILTER FAILURE
CAD

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Operational Query

(* indicates mandatory fields)

TOG Details:

* Do Allegations require Emergency Job: No

* Type of Theft:

Current Address:

Building Number: Name:

Building Name: Street:

Dependent Street: Locality:

Post Town: PostCode:

Meter Details:

Maps/Additional Paper Info:

* MPRN (1):

MPRN (2):

MPRN (3):

Meter Serial Details:

Meter Serial No(1):

Meter Serial No(2):

Meter Serial No(3):

Informant Address:

Informant Name:

Sub Building Name:

Principal Street:

Dependent Locality:

Telephone No:

Call Receiver Details:

Name:

Location:

Telephone No:

Received Date:

Received Time:

Confirmation No:

Estimate Amnt of Gas(kWh):