



CUSTOMER CARE FORM

Date: _____

Company Details

Company Name: _____

LTI Address: _____

Head Office Address: _____

Nature of Business: _____ (Electronics, Food & Drugs, Garments, Construction, Etc.)

Tax Identification No.: _____ Registration (PEZA / NON – PEZA) _____

Company Representative

Name: _____ Position: _____

Phone No.: (office) _____, (local) _____ (mobile) _____

METER DETAILS

Industrial

Meter Number	Brand	Size	Last Reading

Domestic

Meter Number	Brand	Size	Last Reading

Nature of Request/Complaint: _____

(To be filled up by Laguna Water)

Laguna Water Personnel Findings: _____

Resolution/Action Taken (Agreed w/ Customer): _____

Submitted by: _____ Date Submitted: _____

(Name & Signature) Date Resolved: _____

Acknowledge by Customer: _____ Date Signed: _____

(Name & Signature)

Approved by: _____ Date Signed: _____

(Name & Signature)