**DELHI JAL BOARD**

**Surveyor’s Feedback Commercial Consumer Form No----------------**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GIS Plot ID:** | | | **Plot Name:** | | | | | | **Ward Name:** | | |
| **Ward no:** | | **Plot no:** | | | **Locality:** | | | | | | **State: Delhi** |
| **Existing Water Meter (Record from the meter)** | | **Number :** | | | | | **Accessibility of Meter: 1. Easy 2. Not Easy** | | | | |
| **Make:** | | | | | **Location of Meter :** | | | | |
| **Non – Residential** | 1-Hospitals | | | No of Beds | |  | | 5- School | | No of Students | | |
| 2- Hotels | | | No of Beds | |  | | 6- Offices | | No of Employees | | |
| 3- Hostels | | | No of Students | |  | | 7- Factories | | No of Employees | | |
| 4-Restaurants | | | No of Seats | |  | | 8 - Cinema | | No of Seats | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Property Type** | 1. Bungalow | 2. Apartment | 3. Industry |
| 4. Commercial | 5. Institute | 6. Semi-Commercial |

**Consumers Feedback**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Owner of the Connection** | **Name :** | | **Middle:** | | **Last:** |
| **Employees** | **(Count)** | **Tel No:- Email:-** | | | |
| **Business Address** |  | | | | |
| **Tenant Owner** | | | **No of Floors in the building** | |

|  |  |  |
| --- | --- | --- |
| **Tenant Name and Contact Details** |  | |
| **Respondent Name and Contact details** |  | |
| **Bill connection Number** |  | **Water Quality: 1**:-Satisfactory; **2**:-Not-Satisfactory |
| **Water Quantity: 1**:-EXCESS; **2:**-ADEQUATE; **3:**-INSUFFICIENT |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Storage Facility:** | 1-UGT Capacity | 2-OHT Capacity | | 3-Both | 4-None |
| **Other Sources:** | 1-Open Well | 2-Bore Well | | 3-Both | 4-None |
| **Connections(No.)** | 0-No Connection | 1-One | | 2-Two | 3-Three |
| **Connection Type: 1:- Metered; 2:- Unmetered** | | | **Tanker Supply:** | 1- YES | 2-NO |

|  |  |
| --- | --- |
| **DJB Water Source:** |  |
| **Connection Type:** | **1**:- metered; 2:- unmetered |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Billing Period** |  | **1:**-Monthly ; **2:**-Bi-Monthly; **3:**-Quarterly; **4:**-Half Yearly; **5:**-Yearly | | | |
| **Billing Method** |  | **1:**- As per Quantity; **2**:- Flat Rate | **Total Charges if Flat rate (Rs):** | |  |
| **Water Pressure** |  | **1:**-HIGH; **2:**-MEDIUM; **3**:-LOW | **Supply Hours** |  | |
|  |  |  | **Supply Frequency (in Days)** | | |

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

**A) Do you get enough Water?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **1** | **No** | **2** |

**B) Are you satisfied with the quantity and quality of water you get?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **1** | **No** | **2** |

* **Please share any suggestions you have in order to help us serve you better or problems faced by you regarding the quality and quantity of water**

**C) Do you get your bills on time?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **1** | **No** | **2** |

**D) The Bills that you receive are correct or have some incorrect details and charges?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **1** | **No** | **2** |

**E) Since How long this problem is persisting (In months):-**

|  |
| --- |
|  |

**Remark: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**( ) ( )**

**Name of Surveyor: Name of Respondent:**

**Date of Survey:**