**DELHI JAL BOARD**

**Domestic Consumer Form No------------------**

**Surveyor’s Feedback**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GIS Plot ID:** | | **Plot Name:** | | | | | **Ward Name:** | |
| **Ward no:** | **Plot no:** | | | **Locality:** | | | | **State: Delhi** |
| **Existing Water Meter** | **Number : (Record from meter)** | | | | **Accessibility of Meter: 1. Easy 2. Not Easy** | | | |
| **Make:** | | | | **Location of Meter :** | | | |
| **Property Type(Observe and code)** | **1. Bungalow** | | **2. Apartment** | | | **3. Industry** | | |
| **4. Commercial** | | **5. Institute** | | | **6. Semi-Commercial** | | |
| **7. Vacant Plot** | | **8. House** | | |  | | |

**Consumers Feedback -**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Owner of the Connection** | **Name :** | | **Middle:** | | **Last:** |
| **Family Members** | **(Count)** | **Tel No:- Email:-** | | | |
| **Home Address** |  | | | | |
| **Tenant Owner** | | | **No of Floors in the building** | |
| **Tenant Name and Contact Details** |  | | | | |
| **Respondent Name and Contact details** |  | | | | |
| **Bill connection Number** |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
| **Tanker Supply:** | | | **1- YES** | **2-NO** |

|  |  |  |
| --- | --- | --- |
| **DJB Water Source:** |  | **Water Quality:1:-Satisfactory; 2:-Not-Satisfactory** |
| **Connection Type:** | **1:- Metered; 2:- Unmetered** | **Water Quantity:**  **1:-EXCESS; 2:-ADEQUATE; 3:-INSUFFICIENT** |

|  |  |  |  |
| --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Date of Survey:**