**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:**