COMPLAINTS APPEALS AND DISPUTES (CAD) FORM

Please Complete in Block Letters and use separate sheet where necessary.

BACKGROUND INFORMATION

Name of CAD Lodger	
Name of Measured Entity	
Relationship to Measured Entity	

CONTACT INFORMATION

Contact Person(s)		Designation	
Telephone	( )	E-mail	
Signature of Lodger		Lodging Date	

DESCRIPTION OF COMPLAINT, APPEAL OR DISPUTE

PROPOSED OR REQUIRED RESOLUTION

FOR OFFICE USE ONLY			
Received by:		Date Received	
Recipient's Signature:		Reference No.	

Cause of action			
Verifying Team			
VM Notes			