

Complaint Form

Each of the following questions must be completed:	
Surname:	First Name:
Telephone:	Mobile:
Email Address:	· · · · · · · · · · · · · · · · · · ·
Street Address:	
Postal Address:	
2. Company complained against:	
Cayman Brac Power	and Light Company Limited
Caribbean Utilities Co	ompany, Ltd.
3. Attachments:	
names of individuals concerned and all rele form a copy of the original complaint to the	company and any response given to you by conse from the company, please note that fact
4. Signature of Complainant:	
Signature:	Date:

Telephone: +1 (345) 949-8372 Facsimile: +1 (345) 947-9598 Email: foi.era@gov.ky