

RFG MUST ONLY BE SUBMITTED WHEN THE METER BOX HAS BEEN FITTED IN AN APPROVED POSITION

Fields marked with * are mandatory

Date / /

A. ALINTA CUSTOMER ACCOUNT NUMBER _____ [Please note if account number is not provided, Section B must be completed in full]

B. CUSTOMER INFORMATION

Mr Mrs Miss Ms Other _____

Email _____

*Given Name _____ Initial _____

Place of Employment _____

*Family Name _____

Spouse/Co tenant's Name _____

*Date of Birth _____

Owner/Agent Details _____

Driver's Licence Number _____

Mailing Address [If different to installation address] _____

*Contact Numbers

Telephone [H] _____ [W] _____

_____ Postcode _____

[M] _____

AUTHORITY TO PERFORM WORK

I hereby authorise Alinta Sales Pty Ltd to carry out the connection to Natural Gas/reticulated LPG at the above Property Address and agree to pay Alinta Sales Pty Ltd under the standard terms and conditions for gas supply. I also agree and understand that Alinta Sales Pty is only required to forward my request for connection of the above Property Address to the relevant distributor –

(a) where a completed Request for Account (RFA) has been submitted in respect of the above Property Address by the property owner or tenant:

(i) on the day this Request for Gas (RFG) is submitted, if the RFG is received by Alinta before 3pm on a business day; or

(ii) on the next business day, if the RFG is received by Alinta after 3pm or on a Saturday, Sunday or public holiday in Western Australia; and

(b) where a completed RFA has not been submitted in respect of the above Property Address by the property owner or tenant:

(i) on the day a RFA is submitted, if the RFA is received by Alinta before 3pm on a business day; or

(ii) on the next business day, if the RFA is received by Alinta after 3pm or on a Saturday, Sunday or public holiday in Western Australia.

*Customer Signature _____

C. PROPERTY INFORMATION

* New Connection Additional Work

*Date Connection Required _____

Pressure Upgrade Meter Upgrade

Meter Size AL6 AL12 Other

*Address Details

Meter Location On Boundary

Lot Number _____ Unit Number _____ Street Number _____

On Property

Street Name _____

*What type of appliances will be connected?

Suburb _____ Postcode _____

Nearest Cross Street _____

* Residential Installation Commercial Installation

| Number | MJ/Hr | Appliances |
|--------|-------|-----------------------------------|
| | | Storage Hot Water System |
| | | Continuous Hot Water System |
| | | Pool/Spa Heater |
| | | Cooktop/Oven |
| | | Ducted Heating |
| | | Flued Heater |
| | | Bayonet Point - Internal [Heater] |
| | | Bayonet Point - External [BBQ] |
| | | Other: |
| *Total | | |

* Is the dwelling a House Unit/Villa/Townhouse Duplex

* Is the property Strata titled or does it share common ground? Yes No

Number of Units/Villas/Townhouses _____

*Requested pressure 1.25 KPA 2.75 KPA Other _____

* Is the distance from the front of the property boundary to the meter box more than 20 meters? Yes No

Please note that residential services over 20 metres will incur an additional charge

* Is the residential dwelling a new or existing home?

Existing New [under construction]

*Is there a Type B appliance? Yes No

If new, Builder's name _____

If yes, Gas fitter Licence Number for application certification _____

Site Contact Name for Installation _____

Company Name _____

Site Contact Number _____

D. GASFITTER INFORMATION

*Gasfitter Name _____

Contact Telephone Number _____

*Gasfitter Licence Number G F

Is meter box fitted in approved position? Yes No

Company Name _____