

GASFITTER REQUEST FOR GAS



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 compiled 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 below Property Address and agree to pay Alinta Sales Pty Ltd under the standard terms and conditions for gas supply.

*Customer Signature _____

C. PROPERTY INFORMATION

* New connection Additional Work

*Date Connection Required _____

Pressure Upgrade Meter Upgrade To AL12

***Address Details**

*What type of appliances will be connected?

Lot Number _____ Unit Number _____ Street Number _____

Street Name _____

Suburb _____ Postcode _____

Nearest Cross Street _____

* Residential Installation Commercial Installation

*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 property boundary to the meter box more than 20 metres? 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]

If existing, is this connection an Emergency Change Over [ECO],

ie. Hot Water System breakdown? Yes No

If new, Builder's name _____

Site Contact Name for Installation _____

Site Contact Number _____

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 there a Type B appliance? Yes No

If yes, Gas fitter Licence Number for application certification

Company Name _____

D. GASFITTER INFORMATION

*Gasfitter Name _____

Contact Telephone Number _____

*Gasfitter Licence Number **G F**

Is meter box fitted in approved position? Yes No

Company Name _____

PLEASE FAX TO **1800 677 949**