

Connection Work Request

Please fill in the form for request of site works and meter installations, send it back to us with a map showing the location of the meter.

Company Details			
Company Name			
Registration Number			
Registration Number			
Site Details - of where the wo	ork will be carried out.		
Site Address			
Post Code			
Site Contact Name			
Telephone Number			
Email Address			
Property Type - please tell us	what type of property requires	gas	
Warehouse 🗌 W	orkshop 🗌 Restuarant	Office	
Shop C	nrch Hall 🔲		
Others- please state			
Gas Load Information			
Maximum Load			
Pressure Tier			
What needs to be supplied	Kiosk 🔲	Base 🔲	
Target Date			
Additional Information/Specia	l Instruction:		
 Date:			
Print Name·	<u> </u>		