



Application No. AL \_\_\_\_\_

24 Elginshire Street, Washdyke, Timaru

Telephone: (03) 687 4300

Email:

networkapplications@alpineenergy.co.nz

### Empowering Our Community

## APPLICATION FOR NETWORK CONNECTION

ICP No:											A	L			
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New Connection	Increased Capacity	Decommission	Temporary to Permanent
Builders Supply	Reduced Capacity	Meter Reseal	Switchboard Upgrade/Combined Metering
Relocate Meters	OH to UG Conversion	Perm to Temp	Other

Supply Available (Confirmation for Supply)	Estimate (not a quote)	Official Quote
<b>To Be Completed By The Installation Owner (Incomplete Applications will be returned and not processed until complete)</b>		

<b>CUSTOMER DETAILS</b>	
Name:	Phone (Work):
Postal Address:	(Home):
	(Cell):
RAPID No:	Fax:
Contact Name:	Email:

<b>ELECTRICAL CONTRACTOR DETAILS</b>	<b>ENERGY RETAILER</b>	
Name:		Phone:
Postal Address:		Cell:
Email:		

<b>BILLING DETAILS</b>	<b>PURCHASE ORDER (IF REQ'D)</b>
Name:	Phone:
Postal Address:	Cell:
Email:	



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**INSTALLATION DETAILS (ATTACH SITE/LOCATION PLAN/PHOTO) – (MINIMUM OF 2 WEEKS NOTICE)**

Description of Premises: \_\_\_\_\_ Date Supply Required: \_\_\_\_\_  
 Installation Address: \_\_\_\_\_ Lot No: \_\_\_\_\_  
 \_\_\_\_\_ Dp No: \_\_\_\_\_

**SUPPLY CAPACITY**

1 Phase    2 Phase    3 Phase  
    **Assessed**    Specify Fuse Size  
 Residential   Commercial   Industrial    Existing Cable    New  
    Cable Size & Type

**Conditions Pertaining To The Above Installation. All storage heating to be ripple controlled.**

Notifiable Loads	No.	kW	Load Control Rate	Comments
Water Heating				Storage Heating
Storage Heating				Service Cable by Electrician
Motors				Does this require Metering
				Requires an Inspection
				Inspector
EV				Gas Hot Water
Pump	SS		VSD	
Unmetered Load (type and capacity)				

**Installation Owners Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR AEL USE**

Comments

Transformer No: \_\_\_\_\_ Supply Capacity    kW/kVA    Code  
 Fuse Rating:    **A**    Phase    GXP  
 Received Date: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date:  
 Date Processed: \_\_\_\_\_ AEL W/O: \_\_\_\_\_



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### PROPERTY DETAILS

**Is this a proposed subdivision:**

*If yes to the above, please provide "Consent Plan" showing all boundaries/easements before approval can be granted.*

On reverse of this form please sketch the location of your Property

If more space is required for complex installations, please attach further drawings or information to this application  
Sketch on the reverse of this form (tick)

### SKETCH LOCATION OF PROPERTY – REQUIRED FOR TBS, NEW CONNECTIONS, OH TO UG CONVERSION OR RELOCATION OF TBS

In addition to the location of the electrical installation, and where the new electricity supply is required, please show property boundaries, road names, neighbours or other useful landmarks.

Include where available Alpine Energy nearest pole or pillar box, show the asset number which is normally attached to the pole or pillar (***Providing this information will assist in progressing approval for connection or alteration***)

Pole

D/Box Number