

24 Elginshire Street, Washdyke, Timaru Telephone: (03) 687 4300

Email:

networkapplications@alpineenergy.co.nz

Empowering Our Community

APPLICATION FOR NETWORK CONNECTION										
	1 1 1 1	 	 		Į.			_		
ICP No:				Α	L					
Incomplete Applications will be returned and not processed until complete										
Customer Details										
Name*	Phone: Cell*									
Postal Address*	Home									
	Work									
RAPID No										
Contact Name*		Email*								
_	Attach Site/Location Pla				otice)					
Description of Premises	Date Supply Required*									
Installation Address*		Lot No								
	Dp No									
Time of Connection*										
Type of Connection* New Connection	Increased Capacity	Decommission	ın Te	mporar	v to Pe	rmane	nt			
				.iiiporai		imanc				
Builders Supply	Reduced Capacity	Meter Resea	Switch	board U	pgrade	e/Comb	ined Me	etering		
Relocate Meters	OH to UG Conversion	on Perm to Tem	p Su	ubdivisio	n		Other			
Supply Available (Confirmation for Supply)*	* Estim	ate (not a q	uote)*		(Official C	Quote*		
	Send Quote to* Cu	stomer	Electrician]					
Electrical Contractor [Details									
Company Name*		Contact Perso	n*			Ener	gy Reta	iler*		
Postal Address*		Cell*								
Email*		Phone*								



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Dilling Dataile							
Billing Details							
Name*				Phone*			
Postal Address*				Cell*			
Email*				PURCHASE ORDER (IF REQUIRED)			
SUPPLY CAPACITY*	:						
1 Phase 2	Phase	3 Phas	se				
			Assessed	Specify Fuse Size			
Residential C	 ommercial	Indust	r trial Subdivision _{Exist}	ing Cable New			
]				
		Ш	Cabl	e Size & Type			
Condit	ions Partai	ining To	The Above Installation A	Il storage heating to be ripple controlled.			
Condit	ions reitai	illing 10	THE ADOVE HIStallation. A	is storage heating to be ripple controlled.			
			Т	T			
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 Owner	s Signature	*		Date*			



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PROPERTY DETAILS
Is this a proposed subdivision: N/A 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 (<i>Providing this information will assist in progressing approval for connection or alteration</i>)
Pole D/Box Number