



24 Elginshire Street, Washdyke, Timaru  
 Telephone: (03) 687 4300  
 Email:  
 networkapplications@alpineenergy.co.nz

**Empowering Our Community**

**APPLICATION FOR NETWORK CONNECTION**

<b>ICP No:</b>											A	L			
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**Incomplete Applications will be returned and not processed until complete**

**Customer Details**

Name\* Phone: Cell\*  
 Postal Address\* Home  
Work  
 RAPID No  
 Contact Name\* Email\*

**All new residential metering must be located externally**

**Installation Details (Attach Site/Location Pln/Photo) - (Minimum of 2 weeks notice)**

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

**Type of Connection\***

<b>New Connection</b> <input type="checkbox"/>	<b>Increased Capacity</b> <input type="checkbox"/>	<b>Decommission</b> <input type="checkbox"/>	<b>Temporary to Permanent</b> <input type="checkbox"/>	
<b>Builders Supply</b> <input type="checkbox"/>	<b>Reduced Capacity</b> <input type="checkbox"/>	<b>Meter Reseal</b> <input type="checkbox"/>	<b>Switchboard Upgrade/Combined Metering</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>Relocate Meters</b> <input type="checkbox"/>	<b>OH to UG Conversion</b> <input type="checkbox"/>	<b>Perm to Temp</b> <input type="checkbox"/>	<b>Subdivision</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>

**Supply Available (Confirmation for Supply)\***  **Estimate (not a quote)\***  **Official Quote\***

**Send Quote to\*** Customer  Electrician

**Electrical Contractor Details**

Company Name\* Contact Person\*  
 Postal Address\* Cell\*  
 Email\* Phone\*

**Energy Retailer\***



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<b>Billing Details</b>	
Name*	Phone*
Postal Address*	Cell*
Email*	<b>PURCHASE ORDER (IF REQUIRED)</b>

<b>SUPPLY CAPACITY*</b>					
1 Phase	2 Phase	3 Phase	<b>Assessed</b>	Specify Fuse Size	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Residential	Commercial	Industrial	Subdivision	Existing Cable <input type="checkbox"/>	New <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable Size & Type	
<b>Conditions Pertaining To The Above Installation. All storage heating to be ripple controlled.</b>					

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 <input type="checkbox"/>				Gas Hot Water <input type="checkbox"/>
Pump <input type="checkbox"/>	SS <input type="checkbox"/>		VSD <input type="checkbox"/>	
Unmetered Load (type and capacity)				

<b>Installation Owners Signature*</b>	<b>Date*</b>
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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 (**Providing this information will assist in progressing approval for connection or alteration**)

Pole

D/Box Number