

ELECTRICITY CONNECTION

ICP number _____ Application date ____ / ____ / ____
Requested _____ Livening date ____ / ____ / ____

Customer Details

First name _____ Surname _____ Date of birth ____ / ____ / ____
Mobile number (0) _____ Home number (0) _____ Email _____
Postal address _____

Installation Details

Lot number/Installation address _____
Suburb/town _____ City _____
Rapid number (if applicable) _____
Postal address (if different from above) _____

Electrician Details

Business name _____
Electrician name _____
Mobile number _____ Business number _____

Meter Information

Phases 1 2 3
Amps _____ kW (wel network) _____
Mains Cable Size _____
 Underground Overhead
 Residential Business
 Temporary Temporary to permanent Permanent (please tick one)
Controlled hot water? No Yes (please tick one)
CT's required? No Yes (If yes, please complete the below)
Switch board manufacturer _____
Delivery address _____

Attention to whom _____

Inspector (must be metering contractor)

Name _____
Comments _____

If this application is incomplete there may be delays with your connection request.

Genesis Energy Limited

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we're in it for you