

GAS CONNECTION

What is required? Natural Gas LPG

Application date ____ / ____ / ____

What date is your gas required?* ____ / ____ / ____

*Minimum notice periods apply as specified by the relevant company.

Initiator/Channel Partner

Name _____ Contact name _____

Telephone (0) _____ Fax (0) _____ Email _____

Customer Details

First name _____ Surname _____

Mobile number (0) _____ Home Number (0) _____ Email _____

Lot number/installation address _____

Suburb/town _____ City _____

Is Natural Gas available in the street? Yes No Unsure

Postal address (if different from above) _____

Is the customer switching from LPG to Natural Gas? Yes No

Is the customer switching from another LPG retailer? Yes No If yes, which retailer? _____

Is the customer switching from Natural Gas to LPG? Yes No

Contractor Details

Builder name (if applicable): _____

Telephone (0) _____ Fax (0) _____ Email _____

Postal address _____

Appliance installer name: _____

Telephone (0) _____ Fax (0) _____ Email _____

Postal address _____

Appliances Installed

Appliances	Quantity	MJ
Water heating storage		
Water heating continuous flow		
Central heating		
Pool heating		
Cooker		
Space heating		
Bayonet		
Other		
Total		

Property Details (Natural Gas Only)

Is it a new house? Yes No

Date trench will be open ____ / ____ / ____ (allow 3 working days for gas pipe to be laid)

Proposed completion date ____ / ____ / ____

Is it a ROW? (neighbour's consent required) Yes No

Is it a back section? Yes No

Is it cross lease section? (neighbour's consent required) Yes No

Does the property front a state highway? Yes No

Is the property...
grass? _____

garden? _____

concrete/cobbled? _____

sealed? _____

Please turn over



we're in it for you

APPLICATION FOR RESIDENTIAL GAS CONNECTION (CONT)

Preferred Gas Meter Location Details

Distance from boundary to meter (metres) _____

Distance from meter to corner of house (metres) _____

Position of meter (please describe)

Centre front Right front Right side Left front Left side Boundary

Are you providing an open trench? Yes No If yes, date trench will be open ____ / ____ / ____

Additional comments _____

Is a meter box required? Yes No

Network connection fees Charge to: Customer Builder Initiator Appliance installer

Availability of gas connection and all fees are subject to the relevant company's approval and terms and conditions. Genesis Energy does not charge new gas connection fees but third party charges (e.g. network companies) may be applicable and Genesis Energy will pass these on to you at cost.

PREFERRED LPG BOTTLE LOCATION DETAILS

Does the site meet the LPG association code of practice for delivery of LPG bottles? Yes No

If no, please provide details _____

Position of LPG bottles (please describe)

Centre front Right front Right side Left front Left side Boundary

Additional comments _____

Customer approval

Customer has requested and approved gas connection

Please tick

Authorising signature _____

Date ____ / ____ / ____

Do you require Genesis Energy electricity supply?

Yes

Please supply more information

Thank you for applying for a Genesis Energy residential gas connection. To assist in getting your meter installed in a timely manner please ensure cladding is complete prior to meter install date. Email, post or fax gas connection application(s) to Genesis Energy using the contact details below.

Genesis Energy Limited

Private Bag 3131, Waikato Mail Centre, Hamilton 3240

T 0800 155 010 F 0800 155 989 E trade.connections@genesisenergy.co.nz



we're in it for you