

ELECTRICAL WORK REQUEST

(Submit to responsible Retailer or Distribution Company for all work requiring Distribution Company involvement)

TO:
(Retailer or Distribution Company)

CUSTOMER : **PHONE NUMBER**

WORK SITE ADDRESS: **STREET NAME & No:** **LOT No:**

.....

SUBURB/LOCALITY: **POSTCODE:** **MELWAY REF.**

INSTALLATION: House Flat/Unit Shop Factory Farm Builders Pole Dual/Multi Occupancy
Private Overhead Line Hazardous Area H/V Office Other

TYPE OF WORK: ALTERATION/ADDITION Brief Work Description:

NEW INSTALLATION

SUPPLY CONNECTED: YES NO **ACCESS:** Key in meter box Workmen on site Power Ind. Lock Other.....

SUPPLY REQUIRED: **OVERHEAD** Length of Service Cable (If Multiphase)metres

Note: Further details of installed equipment may need to be provided to, and the responsible Distribution Company may require confirmation of supply arrangements.

U/GROUND Pole to pit Has pit been installed Y N Is a pit required? Y N
 URD Conversion O/Head to U/G

SUB STATION

NEW MAINS: No. PHASES 1 2 3 **SIZE:**mm²

TERMINATION OTHER
.....
FOLCB PIT PILLAR

NEW MAX DEMAND : Amps per phase
(Total Installation)

METERING: **EXISTING METER NUMBERS/s** **RETAILER (If Known)**

REQUIRED Domestic Commercial / Industrial Farm Other

No. Phases
Single Rate 24 Hour x 7 Days 1 2 3
Two Rate includes Off Peak options 1 2 3

With off peak hot water (Domestic only) 1 2 3 No.of Litres deliverySingle or Twin Element

With off peak space heating may not be available 1 2 3 KW Rating/per phase

Climate Saver (Powercor only) from all Retailers) 1 2 3

SIR Wiring Diagram page # Switching Service Required

Current Transformer Metering Max Demand Amps Other

TRUCK APPOINTMENT:
If a Service Truck is required can the Distribution Company complete the work without you being in attendance? Yes No
**Note: Charges apply for Truck Appointments, cancellation or postponement of Truck Appointments or New Connection agreed time/date, and if work is not ready to be connected on the agreed time/date*

If Truck Appointment is required, agreed time/date with Distribution Company: Date/...../..... Time:ampm

I will accept all charges for the truck appointment I have provided a Field Works Order to defer the charges to another person
(Not all Distribution Companies accept a Field Works Order)

INSPECTION: Do you require the Dist. Company to Provide this Service? No Yes (Not all Distribution Companies provide this service)

The CES will be: Delivered to Office Provided at Appointment Available on site from ____/____/____ (date must be completed)

CES Number: Licensed Electrical Inspector (if not Distribution Company)

Note: Prescribed work requires inspection and issue of a Certificate of Electrical Safety (CES)

I acknowledge that by submission of this notice the requirements of the relevant Distribution Company have been adhered to, and certify the electrical work this notice pertains to complies with the current Victorian Service and Installation Rules (SIR's) and Electricity Safety Regulations. I also acknowledge initial connection of prescribed work will not be connected without a Certificate of Electrical Safety and that I am responsible for any associated Distribution Company charges unless a completed Field Works Order is submitted with this form to defer this responsibility to another person.

THIS NOTICE IS FOR PRELIMINARY ADVICE ONLY; AND
I WILL SUBMIT FULLY COMPLETED COPY WHEN THE WORK IS COMPLETED AND READY FOR SUPPLY.

THE WORK WILL BE SAFE TO CONNECT ON: DATE/...../..... OR at Completion of Truck Appointment

REGISTERED ELECTRICAL CONTRACTOR REC No:

REGISTERED ADDRESS: PHONE No:
..... FAX No:

RESPONSIBLE PERSON: (Please Print)..... MOBILE No:

SIGNATURE: DATE : / /

Privacy Statement: Information collected is for the purposes related to connection, provision and alteration of supply of electricity.

This information may be disclosed to your Electricity Retailer and relevant Distributor identified here: AGL Electricity - 131 245 Citipower Pty - 9297 6664 Powercor Australia Ltd - 132 206 TXU Networks - 1300 360 795 United Energy - 1300 131 689