Residential gas supply application

New South Wales / Victoria / South Australia / Queensland

Use this form if you are applying for:

- Installation of a new gas meter &/or service line and connection to gas supply OR
- Addition/Alteration to your existing gas supply.



Complete all sections relevant to your	application as marked.		
IMPORTANT: You will find details of how Complete all details as required in the for Post: Return to Locked Bag 14120 MCMC Email: gasnewconns@agl.com.au	m below and return it to us by:	com.au/newconnections	
Call 1800 680 430 if you need to speak to	an AGL customer service represe	entative about your applicat	ion.
1. What service do you need?			
Installation	•	Addition/Alteration	
Meter fix COC or I Service line must exist to have meter fix only request, if no service	ESV: y for VIC only)	Upgrade meter	COC or ESV: (mandatory for VIC only)
line please also tick below.		Upgrade service line	
Service line installation		Meter Alter Position MAP (exc	luding NSW)
2. Supply address details.			
Address. Lot no: Unit no: Street no: St	reet name:	Suburb:	Postcode:
Deposited Plan Number: (optional)	Meter, MI	RN or DPI no:	
		or Additions/Alterations.	
I understand that full site access must be a	available. Should access be restricted,	, this may delay my request and	l additional fees may apply.
3. Your details.			
a. Account holder.			
Title: Full name:			Date of birth: / /
Business name: (if applicable)		ABN: (if applicable)	
Driver licence or Medicare no:		State:	Expiry date: / /
Postal address: (if different to supply address)			Postcode:
Telephone/mobile:	Email:	_	
I agree to receive my confirmation pack, bills an	d other communication by email (ple	ase tick)	
AGL Account Number: (if applicable)			
b. Authorised contact person. (if different to abo	ove)		
Title: Full name:			Date of birth: / /
Business name: (if applicable)		ABN: (if applicable)	
Driver licence or Medicare no:		State:	Expiry date: / /
Postal address: (if different to supply address)			Postcode:
Telephone/mobile:	Email:		

4. Supply site specifics.											
a. What gas appliances To ensure the correct me	-		_		-		Without this info	rmation, your application	ı can	not be proce	ssed.
Appliance	Qty	Hourly rate (MJ)	New or existing appliance?	Appliance	Qty	Hourly rate (MJ)	New or existing appliance?	Other appliances (please list)	Qty	Hourly rate (MJ)	New or existing appliance?
1. Cont. flow water heater				6. Central heater				11. Pool/spa heater*			
2. Storage water heater				7. BBQ				12. Solar gas boosted hot water			
3. Portable heater				8. Cooktop/cooker				13.			
4. Flued heater				9. Climate control				14.			
5. Gas log fire				10. Wall oven				15.			
*Hourly MJ rate is mandatory for Pool/Spa heaters and any non standard appliances. Total (MJ) hourly rate											
b. Dwelling information	n. Ins	tallation only	/ – all States.								
New or existing dwell	ling:	New (i	ncl. under constri	uction) Existing T	ype	of dwelling:	House	Duplex Unit		Townhouse	/villa Other
Single or strata dwell	ing:	Single	(incl. of site plan	is preferred) Mu	ultipl	e (incl. of site ¡	plan is mandatory) Lock up	dat	e: /	
c. Meter information. P	Please	note that in	correct informat	ion could result in a del	av in	installation a	nd/or additional	charges			
Preferred meter position. Please mark your preferred meter position on this diagram. The meter can be located between the front boundary and a position no more than two metres past the front fence of the dwelling, subject to gas fitting rules. Name of cross street: Name of cross street:											
Plumbing Company Na	me:										
ABN: (if applicable)											
Registered address:								Р	ostc	ode:	
Registered plumbing lie	cence	e number:									
Contact Person Name:						C	ontact Person N	Mobile Number:			
6. Builder Details (I	New	Homes o	nly).								
Builder's Company Nar	ne:										
Site contact first name:					Sit	te contact las	st name:				
Registered address:								Р	ostc	ode:	
Builders ABN/ACN num	nber:										
Site contact mobile nur	mber	:		Site contact er	mail a	address:					

7. Your Acceptance.							
•							
Your application. Installation only, I hereby agree to the follow	ving:						
I authorise AGL to arrange for the Distributo conveniently be arranged.		ess listed on the date the request is	accepted, or as soon a	ifterwards as can			
 I understand the acceptance of the installation work is subject to an on-site check of conditions by the Distributor. Work is subject to availability of a suitable gas main at the property boundary. N.B. The account holder must obtain written approval from the affected parties to lay pipes in any common service access areas, particularly for battle-axe blocks with no street frontage, dual occupancy, common driveways etc. I acknowledge that offers for the sale o natural gas are not available to all geographical areas and are subject to natural gas availability. 							
 I agree to accept the standard Installation ch my Distributor and vary according to the wo works attract a non-standard charge, I will b 	rks required and my distribution zone. At	GL also applies a standard fee for ar					
 I acknowledge and agree that upon installat Standard Retail Contract. 	ion, gas for the supply address listed will l	pe sold to me on the terms and con	ditions and rates that	apply under AGL's			
I understand and agree that AGL may vary r	ates from time to time, generally once a y	ear around July/August.					
Addition/Alteration only. I hereby authorise AGL to arrange for the Distril conveniently be arranged. I understand the acct to availability of a suitable gas main at the properany common service access areas, particular standard Addition/Alteration charge, which will Alteration charges are passed-through by AGL for	eptance of the Addition/Alteration work is erty boundary. N.B. The account holder rly for battle-axe blocks with no street appear on the next account, unless the be	subject to an on-site check of cond must obtain written approval fro frontage, dual occupancy, comm elow section regarding third party p	litions by the Distribute om the affected parti on driveways etc. I a ayment is completed.	or. Work is subject es to lay pipes in gree to accept the			
Acceptance of model standing offer. NSW, SA on	y.						
I acknowledge that by submitting this form, I an can be requested from my Distributor) are acce		istributor's model standing offer fo	r basic connection ser	vices (a copy of which			
Important information:							
Standard Retail Contracts							
 AGL's Standard Retail Contract rates, fees and ter months with prior notice to you. Our Standard Re take a moment to look over this document. 							
A Basic Plan Information Document (in NSW/SA/QLD) or an Energy Fact Sheet (in VIC) that contains the key information about AGL's Standard Retail Contract is available at agl.com.au/bpid							
AGL have alternate generally available offers,	including lower cost options. These of	ers can be found at agl.com.au/e	nergyplans or by cal	ing us on 131 245.			
AGL Privacy Policy (including Credit Reporting Po	licy)						
By completing this form, you acknowledge that Al Reporting Policy) and consent that AGL may conta may exchange your information with credit provious.	act you about offers and products on an c	ongoing basis (unless you request o	n the AGL Privacy Policy therwise by contacting	/ (Including Credit us on 131 245) and			
The AGL Privacy Policy (Including Credit Reporting contain further provisions relevant to our handlin		privacy . The terms and conditions of	of your products and s	ervices may also			
Life Support registration							
If you have a Life Support machine at your proper handover date.	ty, please call AGL anytime on 131 245 to	register your machine at your new	supply address before	the the			
Concessions							
 You can find information about energy concessio Dispute Resolution Policy and Your Rights 	ns you may be eligible for at agl.com.au/	concessions					
 You will also be able to find more information about 	out our commitments to customers and o	ur Dispute Resolution Policy at agl	com au/vourrights				
Tod Will also be able to find more imprination abo	out our communicates to customers and c	ar Dispute Nesolution Folicy at us.	connau, your ignes				
Signature of account holder or authorised con	tact person.	Date.					
		/	/				
		1	/				
8. Third party payment.							
All fees and charges relating to the work will be paid	for by the third party detailed below. If yes, th	e third party must complete the sectio	n below prior to submitti	ng this form.			
Title: Full name:			Date of birth:	/ /			
Business name: (if applicable)		ABN: (if applicable)					
Driver licence or Medicare no:		State:	Expiry date:	/ /			
Postal address:			Postcode:				
Telephone/mobile:	Email:						
By signing here, the party nominated above is acc	epting charges for the works indicated	at the supply address listed on th	is form.				

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Third party signature.

Date.