

**APPLICATION FOR NEW SUPPLY / INCREASED LOAD (Delete one)
TO THE WEL NETWORK**



To ensure that WEL can connect you to the network without delay please complete this form and **RETURN TO YOUR ELECTRICITY RETAILER** before your work commences. (PLEASE COMPLETE USING CAPITALS)

Owner/Occupier of Premises: _____	
Telephone Number: (Work) _____	(Home) _____
E-Mail: _____	Fax: _____
Property Location (Address and legal description): <i>E.g. Street Name/Number, Dairy No, RD No, Lot No and DPS No etc</i>	
Site plan attached Yes <input type="checkbox"/> No <input type="checkbox"/>	
Estimated Connection Date: _____ (Please note that WEL Networks Ltd is unable to guarantee connection by this date)	
Signature of Applicant: _____ Selected Retailer: _____	
Date: _____	

Description of Installation:

RESIDENTIAL	COMMERCIAL – INDUSTRIAL	FARMING
<input type="checkbox"/> House	<input type="checkbox"/> Shop	<input type="checkbox"/> Office
<input type="checkbox"/> Flat/Unit	<input type="checkbox"/> Factory	<input type="checkbox"/> Milking Shed
	<input type="checkbox"/> Lighting	<input type="checkbox"/> Pump
	<input type="checkbox"/> Other _____	(please specify)

Electrical Contractor Use Only: (all fields in bold MUST be completed)

Electrical Contractor: _____		Telephone: _____	
Address: _____		Fax: _____	
_____		E-Mail: _____	
Voltage:	Phase:	Controlled Load:	Maximum Demand (ADMD) _____ kW
<input type="checkbox"/> HV	<input type="checkbox"/> Single	<input type="checkbox"/> Yes	(see NZECP 19)
<input type="checkbox"/> LV	<input type="checkbox"/> Three	<input type="checkbox"/> No	ICP No. (if existing installation): _____
			Pole Number (if overhead): _____

Retailer Use Only:

Retailer Confirmation: Signed: _____ Date: _____
Customer Number/Comments: _____

WEL Networks Administration Use Only:

Supply of load:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Date: _____	Signed: _____
ICP No: 00000	Sub No _____
Feeder _____	GXP _____
Service Request Number: _____	
<input type="checkbox"/> Retailer/Inspector Advised	Date: _____
Signed: _____	