

## Request for service – electrical works request form new and existing installations

Form must be submitted at least 15 working days prior to completion

Enquiries – phone 02 6293 5749 fax 02 6293 5750

### Work site address

Customer or business name

Unit number  Floor  Street number  Street name

Block  Section  Suburb  Existing meter numbers

Have you made contact with ActewAGL Electricity Projects Group? Yes  No  ActewAGL project number

Name of person at ActewAGL Electricity Projects Group to contact

### Work requirements

<b>Premise type</b> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Builders temp (pole) <input type="checkbox"/> Builders permanent <input type="checkbox"/> Unmetered supply <input type="checkbox"/>	<b>Connection type</b> New <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> UPS <input type="checkbox"/> Generator <input type="checkbox"/>	<b>Service type</b> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> The service is installed Yes <input type="checkbox"/> No <input type="checkbox"/> Number of phases requested 1 phase <input type="checkbox"/> 3 phase <input type="checkbox"/>	<b>Metering requirements</b> Main meter 1 phase <input type="checkbox"/> 3 phase <input type="checkbox"/> Off-peak meter 1 phase <input type="checkbox"/> 3 phase <input type="checkbox"/> Time clock (separate to meter) <input type="checkbox"/> CT metering <input type="checkbox"/> Non-ActewAGL metering <input type="checkbox"/> Unmetered <input type="checkbox"/>
<b>Number of premises</b> Single premise <input type="checkbox"/> Multiple premises <input type="checkbox"/> Number of house powers <input type="text"/> Number of units <input type="text"/> Spreadsheet containing unit details provided <input type="checkbox"/>	<b>Appointment details</b> Demolition <input type="checkbox"/> Proposed demolition date <input type="text"/> / <input type="text"/> / <input type="text"/> Meter box alteration <input type="checkbox"/> Consumer mains upgrade <input type="checkbox"/> 1-3 phase upgrade <input type="checkbox"/> Relocate service point of attachment O/H to O/H <input type="checkbox"/> O/H to U/G <input type="checkbox"/> U/G to U/G <input type="checkbox"/> U/G to O/H <input type="checkbox"/> Drop service for minor works <input type="checkbox"/> New off-peak <input type="checkbox"/>	<b>Other specific information</b> Calculated maximum demand (amps per phase) <input type="text"/> Consumer's mains size (mm <sup>2</sup> ) <input type="text"/> Main earth connection location <input type="text"/> <input type="text"/> <input type="text"/>	

### Load requirements

Hot water Yes <input type="checkbox"/>	Size.....litres	Off-peak Yes <input type="checkbox"/>	Other (please specify) <input type="text"/> <input type="text"/>
Slab heating Yes <input type="checkbox"/>	Demand.....kW	Off-peak Yes <input type="checkbox"/>	
Heat pump Yes <input type="checkbox"/>	Demand.....kW		

**Contractor's comments**

To ActewAGL – This notice certifies that the installation complies with the ActewAGL Service and Installation Rules and Electricity Connection and Distribution Standard Customer Contract.  
 Important notice – ActewAGL will levy a charge for non-compliance to the above ActewAGL Rules and Contract from the signatory or authorised person.  
 All other charges are as per ActewAGL schedule of electricity network charges, as published by ActewAGL and available at [www.actewagl.com.au](http://www.actewagl.com.au)

I have submitted a Certificate of Electrical Safety to ACT Building, Electrical and Plumbing Control Yes

Contractor/installer  Business name

Postal address  State  Postcode

Licence number  Phone  Facsimile  Date  /  /

Signature

ActewAGL use only

**Appointment details** Date  /  /  Time  :  am/pm