



**ENERGY COSTCUTTERS**

## Gas New Connections Form

**PLEASE COMPLETE AND RETURN THIS FORM TO YOUR DEDICATED ACCOUNT MANAGER.**

**IMPORTANT** – TO PROCESS YOUR GAS NEW CONNECTION REQUEST, PLEASE PROVIDE THE FOLLOWING:

- DOCUMENTS FROM THE GAS NETWORK OPERATOR
- PHOTOS OF THE MAIN INCOMING GAS SERVICE, PIPEWORKS (IF APPLICABLE), SURROUNDINGS AND ANY EXISTING METERS
- SITE PLAN SHOWING WHERE THE NEW SUPPLY/METERS WILL BE INSTALLED
- PROOF OF SITE ADDRESS (REGISTERED WITH THE LOCAL COUNCIL OR ROYAL MAIL)

IF YOU REQUIRE A NEW MPRN, PLEASE MENTION THIS IN THE 'ADDITIONAL INFORMATION' BOX.

A SIGNED LETTER OF AUTHORITY IS ALSO REQUIRED - YOUR ACCOUNT MANAGER CAN PROVIDE THIS.

**PLEASE NOTE:** NEW CONNECTION TIMESCALES CAN VARY BETWEEN 2 TO 8 WEEKS, DEPENDING ON THE SERVICE TIME, RESPONSE TIME AND AVAILABILITY OF APPOINTMENTS.

**INCOMPLETE FORMS WILL BE REJECTED.**

## **Section 1 - Company Details**

Company Name:	
Company Reg (if applicable):	
Trading Type (Please tick):	Charity <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited <input type="checkbox"/> Public Sector <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify:
Type of Business (Please tick):	Micro <input type="checkbox"/> Macro <input type="checkbox"/>
Business Use:	
Director's D.O.B if trading less than 12 months:	
Director's Home Address if trading less than 12 months:	

## **Section 2 – Site Contact Details**

Full Contact Name:	
Phone Number:	
Email Address:	
Billing Address:	

## **Section 3 - Gas Supply Details**

New Meter Point Reference Number (MPRN):	
Full Site Address including postcode:	

## **Section 4 - Additional Gas Supply Details**

Meter Size Required (Please tick):	U6 <input type="checkbox"/> U16 <input type="checkbox"/> U25 <input type="checkbox"/> U40 <input type="checkbox"/> U65 <input type="checkbox"/> U100 <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify:
Metering Pressure Required (Please tick):	Low <input type="checkbox"/> Medium <input type="checkbox"/> Intermediate <input type="checkbox"/>
Estimated Annual Consumption (kWh):	
Peak Hourly Load (kWh):	
Meter Install Date Required:	
Installations required in the proposal (Please tick applicable boxes):	Data Logger <input type="checkbox"/> Kiosk <input type="checkbox"/> Chatterbox <input type="checkbox"/>
Meter Position/Location (Please tick):	Internal <input type="checkbox"/> External <input type="checkbox"/>

## **Additional Information:**

---

---

---

---