Application to upgrade/ downgrade or relocate a gas meter

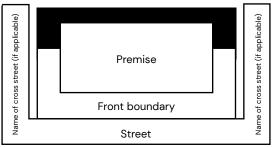


* Please complete all applicable fields. Failure to complete these fields will delay the approval process.

*What service do you require?							services ions only
Gas meter upgrade							th an X for
Gas meter downgrade Gas meter and/or service line relocation					•		low. Please between tl
Proposed meter le	-	c inic reloca			no more t	han t	wo metres
Internal	External				(shaded a	rea) a	and not bel
*What is your Residential		type?			Name of cross street (if applicable)		Pre
*Applicant inf	ormatio	n			ross st		
NOTE: The applica					o e o l c		Front I
of any charges an relating to this ap		ent paymen	for any charges	5	Na		St
Title:	Given na	me:			A descrip		of your prefe
Surname:							
Company name							
ACN/ABN:							
DOB:					Meterir	ng pr	essure -
ID type:					downgr	ade	s only
ID number: State of issue:						ng pressure ressure – re	
Postal address:					Low		
Suburb:	Stat	te:	Postcode:		<u> </u>		2.75
Phone home:							nces – fo
Work:					downgr What gas		s only iances are
Mobile:							details of a lication for
Email:					complete		
					Appliance	al pre Qty	mises – con
*Installation p	remise i	nformatio	on		7.pp.id.i.ee	Q.,	(MJ/hr)
Lot/block and se	ection:	Unit nu	mber:				
Street number:		Street name	:				
Suburb:	Sta	te:	Postcode:				
*Plumber's de	etails						
Name:							
Phone:							
Licence number:					Total M.	Lload	/hr

- for meter or service

your preferred meter position on note that the meter position he front boundary and a position past the front face of the dwelling hind locked gates.



erred meter and service line

<u> </u>			

for meter upgrade/

Different pressure -	refer to	the	table	below

Low		Medium	High	
<u> </u>	2.75	5.0	□ 35	<u> </u>

r meter upgrade/

you planning to connect now? all relevant gas appliances. a commercial building you must

			nplete these f	,		
Appliance	Qty	Hourly rate (MJ/hr)	Operating capacity (%)	Hours used/day	Days used/ week	Weeks used/ year

Acknowledgement and authority

Please tick each box to indicate consent to the following statements.

I hereby authorise ActewAGL Retail to submit this application to upgrade/downgrade or relocate a gas meter to my Distributor on my behalf and to obtain an Offer setting out the work to be performed and applicable charges. I understand that the Offer will be based on the information provided in this application and confirm that the information provided in this application is true and correct. I agree to notify ActewAGL Retail if any of the information provided in this application changes.					
	I acknowledge that my request will be performed by my Distributor. The terms and conditions for meter relocation or meter upgrade/downgrade services are available at actewagl.com.au/networks-publications				
If I am not the owner of the premises, I confirm that I am a and that the owner has consented to this application.	authorised to submit this application on behalf of the owner				
I consent and if applicable, I confirm that I have obtained a personal information included in this application in accord	the owner's consent to the collection, use and disclosure of dance with ActewAGL Retail's <i>Privacy Policy</i> .				
ActewAGL Privacy Policy					
Your privacy is important to us and we are committed to handling your personal information in accordance with the Privacy Act 1988 (Cth). Our <i>Privacy Policy</i> sets out how we collect, hold, use and disclose your personal information. Our Privacy Policy is available at actewagl.com.au/privacy and we recommend that you read it carefully.					
What happens next?					
Once we have received your completed application, we will send you an Offer setting out the work to be performed and applicable charges.					
Signature of the applicant who will be responsible for charges					
Print name:					
Signature:	Date:				
Return details					
ActewAGL Meter Installations					
PO BOX 250					
Civic Square ACT 2608					

Email: meterinstallations@actewagl.com.au

Phone: 1300 815 815