Retailer:		
Service Order:#		
NMI:	×	
Application for service - Electrical Works Request (EWR) for new and existing installations		
Send completed form by email or ma	ail to Retailer: Send complete	d form by email or mail to Retailer:
I acknowledge the requirements of the relevant Distribution Company have been adhered to and certify the electrical work complies with the Victorian Service & Installation Rules and the Electricity Safety Act and Regulations. I also acknowledge the initial connection will not be connected without a Prescribed Certificate of Electrical Safety and that I am responsible for any associated Distribution Company charges unless the Retailer has accepted all charges.		
Work site address		
Customer or business name	Ph # / Mb #	