

Retailer:	
Service Order:#:	
NMI:	
	Retailer Use Only

Application for service - Electrical Works Request (EWR) for new and existing installations

Send completed form by email or mail to Retailer: \_\_\_\_\_ or Distributor \_\_\_\_\_

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: Snehel Gohel Ph # / Mb #: / 9876543210

Site Type: ☒ Residential ☐ School ☐ Commercial ☐ Factory ☐ Suite ☐ Tenancy ☐ Shop ☐ Ummetered Supply ☐ Builder  
Supply Pole

Unit / Floor / Shop Street number Street Name  
street name

Lot Suburb Existing meter number

Has contact been made with Projects Group? ☒ Yes ☐ No Project number

Name of person at Distributors Projects Group to contact

Description of All Works (including coincidental works taking place) (PLEASE PRINT)

CES No 12345678

Work requirements

<div><p><b>Premise type</b></p><p>Commercial / Industrial <input type="checkbox"/></p><p>Residential <input type="checkbox"/></p><p>Ummetered Supply <input type="checkbox"/></p><p>Builders Supply Pole (BSP) <input type="checkbox"/></p><p>Builders Supply in the Permanent Position <input type="checkbox"/></p><hr/><p>Private Cables on Public Land Y <input type="checkbox"/> N <input type="checkbox"/></p><p>Is EPV required? Y <input type="checkbox"/> N <input type="checkbox"/></p><p>Is Traffic Control req? Y <input type="checkbox"/> N <input type="checkbox"/></p></div>	<div><p><b>Connection type</b></p><p>Alteration <input checked="" type="checkbox"/></p><p>New <input type="checkbox"/></p><p>Overhead <input type="checkbox"/></p><p>Embedded Network <input type="checkbox"/></p><p>Solar Panel kw</p><p>Inverter kw</p><p>Alternative supply</p></div>	<div><p><b>Supply Required</b></p><p>Overhead <input type="checkbox"/> Length of Overhead Cable <u>        </u> <u>Approximate</u> meters</p><p>Underground <input type="checkbox"/></p><p>Pole to pit <input type="checkbox"/> Has pit been installed? Y <input type="checkbox"/> N <input type="checkbox"/> O/H to U/G Conversion <input type="checkbox"/></p><p>URD <input type="checkbox"/> (if pit has not been installed please contact the Distribution Company)</p><p>MAX DEMAND Installation Existing <input type="checkbox"/> New <input type="checkbox"/> Amps per phase <u>        </u></p><p>MAX DEMAND of TOTAL SITE <u>        </u> Amps per phase</p><p>Is SCCD Installed Y <input type="checkbox"/> N <input type="checkbox"/> Amps per phase <u>        </u></p></div>
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**Number of premises**Single premise ☐Multiple premises ☐

Number of units \_\_\_\_\_

**Metering requirements**Meter Phases: Hot water ☐ Floor Heating ☒

CT metering \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Truck appointment**Do you require a truck appointment: Y ☐ N ☐

Appointments are not necessarily supplied for all requests, unless you are required to complete work in conjunction with the Distribution Company.  
*Note: CES needs to be supplied at time of appointment*

LEI Name \_\_\_\_\_

Acceptance of charges for the truck appt:

Retailer ☐ Field Works ☐ Order REC ☐**Termination:**Group Metering ☐ Pillar ☐Substation ☐ FOLCB ☐Pit ☐**Embedded Network**Parent ☐ Child ☐

Additional Notes \_\_\_\_\_

**Access:** To meter position & switchboard ☐ VPI Lock ☐ Access Notes:THE WORK WILL BE SAFE TO CONNECT ON: DATE: \_\_\_\_\_ OR at Completion of Truck Appointment ☒

REGISTERED ELECTRICAL CONTRACTOR Greensky REC No: \_\_\_\_\_

REGISTERED ADDRESS 4/70 Colemans Rd Carrum Downs, Vic, 3201 PHONE No: 9876543210

MOBILE No: REC-48978

RESPONSIBLE PERSON: (Please Print) rec EMAIL: test@gmail.com

SIGNATURE: \_\_\_\_\_ Date: 29-08-2018