

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

PLEASE PRINT



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: _____ Snehal Gohel _____ Ph # / Mb #: _____ - / 9876543210

Site Type: ☒ Residential ☐ School ☐ Commercial ☐ Factory ☐ Suite ☐ Tenancy ☐ Shop ☐ Unmetered 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

Premise type

Commercial / Industrial ☐
Residential ☐
Unmetered Supply ☐
Builders Supply Pole (BSP) ☐
Builders Supply in the Permanent Position ☐

Private Cables on Public Land Y ☐ N ☐
Is EPV required? Y ☐ N ☐
Is Traffic Control req? Y ☐ N ☐

Connection type

Alteration ☒
New ☐
Overhead ☐
Embedded Network ☐
Solar Panel _____ kw
Inverter _____ kw
Alternative supply _____

Supply Required

Overhead ☐ Length of Overhead Cable _____ Approximate meters
Underground ☐
Pole to pit ☐ Has pit been installed? Y ☐ N ☐ O/H to U/G Conversion ☐
URD ☐ (if pit has not been installed please contact the Distribution Company)
MAX DEMAND Installation Existing ☐ New ☐ Amps per phase _____
MAX DEMAND of TOTAL SITE _____ Amps per phase
Is SCCD Installed Y ☐ N ☐ Amps per phase _____

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		<input checked="" type="checkbox"/>
REGISTERED ELECTRICAL CONTRACTOR	Greensky		REC No:	_____
REGISTERED ADDRESS	4/70 Colemans Rd Carrum Downs, Vic, 3201		PHONE No:	9876543210
			MOBILE No:	_____
RESPONSIBLE PERSON: (Please Print)	rec		EMAIL:	test@gmail.com
SIGNATURE:			Date:	29-08-2018