



Application for Meter Test

Please complete clearly in black or blue biro, see reverse for instructions

APPLICANTS DETAILS:

Surname:			
First Name:			
Title:	Home Telephone:		
Business Telephone:	Fax:		
Email Address:			

INSTALLATION ADDRESS: (Address where electricity is required)

Building Name:			
Unit/Flat Number:	House Number:		
Street Name:			
Suburb:			
City/Town:			

POSTAL DETAILS: (Address to send bill if different from the Installation Address)

Building Name/PO Box:			
Unit/Flat Number:	House Number:		
Street Name:			
Suburb:			
City/Town:			
Account No:	Title lease No:		

SKETCH OF METER LOCATION IF NECESSARY

I, , of do hereby, solemnly and sincerely declare that the above information and statements contained herein are true and correct to the best of my knowledge.

Dated at , this day of , 2

Signature of Applicant: