

ELECTRICAL WORK REQUEST

(Submit to responsible Retailer or Distribution Company for all work requiring Distribution Company involvement)

To: **ORIGIN ENERGY**

Fax: **1300 132 465**

WORK SITE ADDRESS:	CUSTOMER:	PHONE No.:
	STREET NAME & No.:	LOT No.:
	SUBURB/LOCALITY:	POSTCODE:
		MELWAY REF:

INSTALLATION: House Flat/Unit Shop Factory Farm Builders Pole Dual/Multi Occupancy
Private Overhead Line Hazardous Area H/V Office Other

TYPE OF WORK: ALTERATION / ADDITION Brief Work Description:
NEW INSTALLATION

SUPPLY CONNECTED: YES NO **ACCESS:** Premises Open Workmen on site Power Ind. Lock Other

SUPPLY REQUIRED:

Note: Further details of installed equipment may need to be provided to, and the responsible Distribution Company may require confirmation of supply arrangements.

OVERHEAD <input type="checkbox"/>	Length of Service Cable (If Multiphase)	metres
U/GROUND <input type="checkbox"/>	Pole to pit <input type="checkbox"/>	Has pit been installed Y <input type="checkbox"/> N <input type="checkbox"/>
	URD <input type="checkbox"/>	Is pit required? Y <input type="checkbox"/> N <input type="checkbox"/>
SUB STATION <input type="checkbox"/>		<input type="checkbox"/> Conversion O/Head to U/G

NEW MAINS: NO. PHASES 1 2 3 **SIZE:** mm²

NEW MAX DEMAND: **Amps per phase**
(Total Installation)

TERMINATION	OTHER
<input type="checkbox"/> FOLCB	<input type="checkbox"/>
<input type="checkbox"/> PIT	<input type="checkbox"/>
<input type="checkbox"/> PILLAR	<input type="checkbox"/>

METERING: **EXISTING METER NUMBER/s** **RETAILER** **ORIGIN ENERGY**

REQUIRED Domestic Commercial / Industrial Farm Other

No. Phases

Single Rate <input type="checkbox"/>	24 Hour x 7 Days	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Two Rate <input type="checkbox"/>	includes Off Peak options	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
With off peak hot water <input type="checkbox"/>	(Domestic only)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
With off peak space heating <input type="checkbox"/>	may not be available	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Climate Saver (Powercor only) <input type="checkbox"/>	from all Retailers	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

SIR Wiring Diagram page # **Switching Service Required**

Current Transformer Metering Max DemandAmps Other

TRUCK APPOINTMENT:

If a Service Truck is required can the Distribution Company complete the work without you being in attendance? Yes No

Note: Charges apply for Truck Appointments, cancellation or postponement of Truck Appointments or New Connection agreed time/date, and if work is not ready to be connected on the agreed time/date

If Truck Appointment is required, agreed time/date with Distribution Company: Date:/...../..... Time: am pm

I will accept all charges for the truck appointment I have provided a Field Works Order to defer the charges to another person
(Not all Distribution Companies accept a Field Works Order)

INSPECTION: Do you require the Dist. Company to Provide this Service? No Yes (Not all Distribution Companies provide this service)

The CES will be: Delivered to Office Provided at Appointment Available on site from ___ / ___ / ___ (date must be completed)

CES Number: **Licensed Electrical Inspector:** (if not Distribution Company)

Note: Prescribed work requires inspection and issue of a Certificate of Electrical Safety (CES)

I acknowledge that by submission of this notice the requirements of the relevant Distribution Company have been adhered to, and certify the electrical work this notice pertains to complies with the current Victorian Service and Installation Rules (SIR's) and Electrical Safety Regulations. I also acknowledge the initial connection of prescribed work will not be connected without a Certificate of Electrical Safety and that I am responsible for any associated Distribution Company charges unless a completed Field Works Order is submitted with this form to defer this responsibility to another person.

THIS NOTICE IS FOR PRELIMINARY ADVICE ONLY; AND I WILL SUBMIT FULLY COMPLETED COPY WHEN THE WORK IS COMPLETED AND READY FOR SUPPLY.

THE WORK WILL BE SAFE TO CONNECT ON: DATE:/...../..... **OR at Completion of Truck Appointment**

REGISTERED ELECTRICAL CONTRACTOR: **REC No.:**

REGISTERED ADDRESS: **PHONE No.:**

..... **FAX No.:**

RESPONSIBLE PERSON: (Please Print) **MOBILE No.:**

SIGNATURE: **DATE:**/...../.....

Privacy Statement: Information collected is for the purposes related to connection, provision and alteration of supply of electricity. This information may be disclosed to your Electricity Retailer and relevant Distributor identified here: **AGL Electricity - 131 245**
Citipower Pty - 9297 6664 **Powercor Australia Ltd - 132 206** **TXU Networks - 1300 360 795** **United Energy 1300 131 689**