

Application for removal/disconnection of gas



FAX COMPLETED FORM TO: 09 375 1507

OR SCAN AND EMAIL COMPLETED FORM TO disconnectionrequest@vector.co.nz

NB: Under no circumstances should work proceed until advice has been received from Vector. The application will take ten working days to process.

I WISH TO APPLY FOR THE FOLLOWING:

PERMANENT DISCONNECTION OF GAS SUPPLY

Removal or Disconnection

<p>At</p> <p>Name (Firm, Building etc) _____</p> <p>Street No: _____ Street: _____</p> <p>Suburb: _____</p> <p>Daytime Phone/Mobile _____</p>	<p>For</p> <p>Owner _____</p> <p>Street No: _____ Street: _____</p> <p>Suburb: _____</p> <p>Daytime Phone/Mobile _____</p>
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ICP number (if known) _____ Meter number (if known) _____

Date Disconnection Required: _____ (10 days notice required)

Reason for Removal:

Demolition	Building Removal	Building Renovations
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Disconnection to take place at :

At the Boundary	At the Service Main
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Please note: Disconnection of the gas supply at the Boundary will make it simpler to reconnect a property to gas supply at a later date

Please circle to indicate whether there is still a Gas meter on site. Please record any meter numbers and locations:

Meter onsite: Meters Numbers and Location:

No.				
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No meter on site

Nature of Property:

Residential	Commercial
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Contractor/ Person Requesting Demolition or Disconnection:

Name: _____
Address: _____
Suburb: _____ Phone: _____ Mobile: _____

Contact Person:

Name: _____ Phone: _____ Mobile: _____
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Remarks:

Signed: _____ **Date:** _____

Office Use Only

ALL ABOVE ACTIONS COMPLETED	Services: _____ Meter Removal: _____ Final Readings: _____
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