

Gasfitter Request for Gas

This form should be completed by a Gasfitter and submitted to Kleenheat when **a meter box has been installed in an approved position**. Either email to ngnewconnections@kleenheat.com.au or fax to (08) 9312 9826. Please note, returning this form to an email address other than ngnewconnections@kleenheat.com.au may result in delays to processing time.

All fields on this form are mandatory.

A. Kleenheat Customer Account Number: _____

B. Property Information

Is the connection a Hot Water System Priority Changeover? (Connection type ECO) Yes ☐
(Only to be used for existing residential properties where a non-gas HWS is being replaced with a gas HWS.)

Type of work: ☐ New Connection ☐ Pressure Upgrade ☐ Meter Upgrade

Installation type: ☐ Residential ☐ Commercial

Lot number _____ Unit number _____ Street number _____

Street name _____

Suburb _____ Postcode _____

Is the property a: ☐ House ☐ Unit/Villa/Townhouse ☐ Duplex

Number of units/villas/townhouses? _____

Is it a strata-title or does it share common ground? ☐ Yes ☐ No

Is it a new (under construction) or existing property? ☐ New (under construction) ☐ Existing

If new, builder's name _____

Site contact name for installation _____ Site contact number _____

Is the distance from the meter box to the property's front boundary more than 20 metres? ☐ Yes ☐ No
(Please note that residential services over 20 metres will incur additional charges)

C. Gas Service Information

Meter size: ☐ AL8 ☐ AL10 ☐ AL12 ☐ Other

Meter location: ☐ Boundary ☐ On property

Location: _____

Pressure: ☐ 1.25 KPA ☐ 2.75 KPA ☐ Other

If other, please specify _____ KPA

Date connection required _____ / _____ / _____

Is a meter box installed? ☐ Yes ☐ No

(The meter box must be installed in an approved position)

Is there a Type B appliance? ☐ Yes ☐ No

If yes, gasfitter licence number for application certification:

Company name _____

D. Gasfitter Information

Gasfitter's name _____

Gasfitter's licence number

Company name _____

Contact number _____ Email _____

Please ensure you have completed all fields on this form before submitting.

Please list the appliances that will be connected:

QUANTITY	MJ / HR	APPLIANCES
		Storage hot water system
		Continuous hot water system
		Pool / spa heater
		Cooktop / oven
		Ducted heating
		Flued heater
		Bayonet point – internal (heater)
		Bayonet point – external (BBQ)
		Other:
TOTAL		

☐ I acknowledge that Kleenheat is only required to forward this request for connection to the relevant distributor once a customer account has been set up in respect of the property by the owner or tenant and this Request for Gas form is received. If this is achieved before 3pm on a business day, Kleenheat will forward the request that same day; otherwise Kleenheat will forward the request on the next business day, unless the customer agrees otherwise.

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