

Name of Customer _____ Ph No _____
 Address _____ Post Code _____
 Email _____

Name of Electrical Contractor or Worker _____
 Contractor's or Worker's Licence Number _____ Ph No _____
 Type of Premises _____

- | | | | | |
|---|--|---|-----|----|
| 1 | How many phases in existing "consumer's mains"? | 1 | 2 | 3 |
| 2 | Is current carrying capacity of the existing "consumer's mains" adequate for the proposed increase in loading? | | Yes | No |
| 3 | Are "consumer's mains" to be replaced? | | Yes | No |

If yes Cowell Electric must be consulted before replacement. The number of phases and voltage of the service will be determined by Cowell Electric.

- | | | | | |
|---|---|-----------------------------|-----|----|
| 4 | Is temporary disconnection required | (a) at metering instrument | Yes | No |
| | | (b) at consumer's terminals | Yes | No |
| 5 | Is metering instrument position to be altered? | | Yes | No |
| 6 | Metering instruments required | _____ | | |
| 7 | Approximate date when installation will be ready for inspection | _____ | | |

Appointments for inspection or temporary disconnections should be made as early as possible.

| Additional Load | | Total Load • | | |
|-------------------|--------------------------|-------------------|--------------------------|-----------------|
| Load Group AS3000 | Rating of Connected Load | Load Group AS3000 | Rating of Connected Load | Maximum Demand† |
| | | | | |
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* In general, this information will only be required for installations having a maximum demand less than 140 amperes.

† Maximum Demand is to be calculated at 240 volts in accordance with Australian Standard 3000

'Attention is drawn to the provisions of Cowell Electric Service Rules and Conditions of Supply.

Customers or their agents should not make commitments for electrical equipment until the type of 'service has been determined by Cowell Electric.

Remarks _____

 _____ Date _____

To _____

Calculated Maximum Demand at 240V _____ Amperes Service Characteristics _____ Phase _____ Amperes

Location of Consumers Terminals:

Fuse Box Service Pillar Padmounted Transformer Indoor/Ground Level Transformer Station

| | |
|-------------|-------------|
| Appointment | Appointment |
| _____ | _____ |
| 20 | 20 |
| _____ | _____ |
| Am/pm | Am/pm |

Assessed Charges \$ _____ Special Charge Number _____ Paid / /

Inspectors Report

Electrical Requirements for Consumer's Mains

This form is to be filled out in conjunction with Application for Supply and Notice of Alteration.

Name of Customer _____

Address _____

- 1 How many phases required?
- 2 Size of Consumers Mains
- 3 Ampere required for Consumers Mains
- 4 Location of Service Fuse
 - a) Overhead on Building
 - b) On Pole
 - c) On Meter Panel
 - d) Fuse Enclosure
 - e) Other Position _____

Please state

Remarks _____