

# ELECTRICITY NETWORK CONNECTION APPLICATION



**PLEASE RETURN TO:** Orion NZ Limited  
 P O Box 13896, Armagh Street  
 CHRISTCHURCH 8031  
 Ph: 363 9898  
 Fax: 363 9857  
 E-Mail: [reception@oriongroup.co.nz](mailto:reception@oriongroup.co.nz)

Details of Person/Organisation Making Application.		Electrical Requirements	
Name: _____	<b>Connection</b> Existing <input type="checkbox"/> New <input type="checkbox"/>	<b>Connection Type</b> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Irrigation/Pump <input type="checkbox"/>	
Company: _____			
Address: _____			
Phone(s): _____	<b>No of Connections required:</b> <input type="text"/>		
Cell Phone: _____	<b>Phases required:</b> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/>		
Facsimile: _____	<b>Capacity required:</b> <input type="text"/> or <input type="text"/>		
E-Mail: _____	each connection: <input type="text"/> as per <b>AS/NZS 3000</b> Amperes <input type="text"/> kilowatts		
Details of Customer Taking Connection.		Will there be a generator installed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name: _____	Builders temporary required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company: _____	<b>Legal Description</b>		
Address: _____	Is this a proposed sub-division? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone(s): _____	<b>If yes to the above, please provide the 'Consent Plan' showing all easements before approval can be granted.</b>		
Cell Phone: _____	<b>Un-metered Load</b>		
Facsimile: _____	Will there be unmetered load? Yes <input type="checkbox"/> No <input type="checkbox"/>		
E-Mail: _____	Description: <input type="text"/>		
Address of Job Site.	<b>Watts</b> (connected load) <input type="text"/> <b>Hours</b> <input type="text"/>		

See our Web site [www.oriongroup.co.nz](http://www.oriongroup.co.nz) for further information

Sketch physical location in the street, including property boundaries and other landmarks.  
 Also show preferred position for connection to the Orion Network.

I hereby apply for Connection to Orion NZ Ltd's Electricity Network: **Date:** \_\_\_\_\_

\*\*\*FAILURE TO COMPLETE ALL SECTIONS OF THIS FORM MAY RESULT IN DELAYS IN PROCESSING THIS APPLICATION\*\*\*

Signed: \_\_\_\_\_ Name: (please print): \_\_\_\_\_