"safe, reliable, hassle free service"

Northpower

DISTRIBUTED GENERATION APPLICATION

Head Office: *Private Bag 9018, Whangarei*
Phone 09-430 1803 Fax 09-430 1867
www.northpower.com

For Office Use Only: ***dsub:*** _____
New Job: ID _____ ***Cost No.:*** _____
ICP Number: | | | | | | | | | | | | | | – | | |
estimated livening date / /

Personal Details: (owner/occupier of property)

Surname: Mr/Mrs/Ms			
First Names:			
Mailing Address for			
Immediate Correspondence:			
Daytime Ph No.:	After Hours Ph:	Fax:	Mobile:
Email:			

Location: (of proposed generation) Property Name:

Rapid /No.	D/N	Lot No.	DP No.	CT
Street No.:	Street Name:		Suburb/Town:	

Useful location information to help us find the site: *i.e Land Marks, 1st LHS past 2nd bridge, Yellow letterbox, Name of suburb etc*

Proposed connection point of the generation: House ☐ Separate connection ☐ Other _____

Technical Information: New Connection ☐ Expanding Existing Generation ☐ or Decommissioned Generation ☐

Capacity required -	KVA		Number of Phases	
Connection Voltage	230 / 400 V, ☐	11,000 ☐	Other _____	
Type of generation	Photo voltaic ☐	Wind ☐	Micro Hydro ☐	Other _____

Electrical Contractor:

Name: _____
Telephone No.: _____

Electricity Retailer: (Required before connection can be made).

Retailer: _____
Cust #:

Disclaimer: ☐ Read to customer (for office use only).

" I understand that this information is collected so that Northpower can design and/or connect my new installation to the network. As part of the new connection requirements, the information contained on this form may be passed to the Electricity Retailer that I have nominated on this form."

_____ Signed by Authorised Signatory
_____ Full Name of Authorised Signatory
_____ Date:

Owner, Occupier, Agent

Other Comments:

_____
_____
_____
_____

Please attach any other relevant information