



# Firstgas

## Application for a Natural Gas Connection

Date of Application:			
Applicant Name:			
Applicant Phone Number:			
Email Address:			
Property Type:	<input type="checkbox"/> New <input type="checkbox"/> Existing	Trench Provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential / Commercial:			
Street Address:			
Suburb:			
City:			
Water Heating Appliance:			
Space Heating Appliance:			
Cooking Appliance:			
Other Appliance:			
Nominated Retailer:*			
Distance From Boundary:	..... metres		
Meter Position:			
Date Gas Required:			

\*Energy retailer from whom you will purchase natural gas – may even be the same as your electricity retailer

Notes (if any):

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**NATURAL GAS**  
**GET CONNECTED**

Call us:  
0800 NEW GAS (639 427)

Email us:  
connections@firstgas.co.nz

Visit our website:  
www.firstgas.co.nz