

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†

• 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 \_\_\_\_\_

