

REQUEST FOR A NEW GAS METER – NON DOMESTIC



Details of Applicant		Site Details			
Contact Name		Site Contact			
Organisation		Organisation			
Address		Address			
Address		Address			
Town		Town			
County		County			
Postcode		Postcode			
Telephone		Site Contact Telephone			
Email		Alternative Telephone			
Additional Information					
Proposed Gas Supplier / Shipper					
Gas Supply Contract Ref:					
Proposed Meter Position (Delete)	INTERNAL	EXTERNAL	If external, Squire Energy to provide a kiosk?		YES NO
Will the Outlet be Boosted?	YES	NO	If yes, to what pressure?		
Customer Supplied Meter Room Dimensions (mm)	LENGTH	WIDTH	HIEGHT		
Gas Load / Meter Information					
Unit Name / Number	Peak Hourly Gas Load kWh	Annual Load kW (estimated)	Peak Daily Load (kW)	Meter Location Internal / Kiosk	
Additional Information					
Notes					
Please provide a scaled plan of the site showing the meter room and the location of the incoming gas service. If there are existing gas meters on site, please provide the Meter Point Reference Numbers (MPRN).					