

Application for CT Metering Works



This form is required by Horizon Power to arrange for Current Transformer (CT) metering.

Please complete in BLOCK CAPITALS

Name of applicant (for tax invoice purposes)

Company name: _____ ABN: _____

Applicant surname: _____ Applicant first name: _____

Supply address

Lot number: _____ Street number: _____ Street: _____

Suburb/town: _____ Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____

Fax: _____ Email: _____

Postal address of applicant

Address: _____

Town: _____ Postcode: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

Is the request for CT meter installation for a NEW connection? Yes No

If yes, you must provide a Customer Reference Number (CRN) _____

Note: You can request a customer reference number (CRN) by phoning 1800 267 926 (residential) or 1800 767 036 (business).

Is the request for the CT meter installation for a load upgrade? Yes No

If yes, you must complete a Connection Application form

Has a Connection Application form been submitted for this project? Yes No

Note: Horizon Power **will not** arrange the installation of CT metering for any supply upgrade to installations unless a Connection Application form is completed and submitted.

If yes, please provide the Horizon Power reference number (for example, EKP, WKP, EPP, WPP, GAP, MWP, ESP) _____

Preliminary ticket number: _____

Account number: _____

CT type: 100/5 200/5 400/5 800/5 Other (please specify _____)

Is the installation HV? Yes No

If yes, please provide HV metering unit serial number _____

Please contact your local Horizon Power office to obtain this number (contact details overleaf)

Is a Horizon Power shutdown of customers' supply required?

Yes (during normal working hours - check with local office for working hours) Yes (after hours) No

Additional Comments

Signature of applicant

If the applicant is a company, please enter the signatories position.

Name:

Signature: Date: Position:

Submission of this application

Please post, email or fax this application form to your nearest Horizon Power office (details below)

Regional Centres:**Head Office**

Stovehill Road KARRATHA WA 6714	PO Box 817 Karratha WA 6714	Ph: (08) 9159 7250 karratha@horizonpower.com.au	Fax: (08) 9159 7288
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East Pilbara

18 Anderson Street PORT HEDLAND WA 6721	PO Box 314 Port Hedland WA 6721	Ph: (08) 9173 8282 porthedland@horizonpower.com.au	Fax: (08) 9173 2339
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East Kimberley

Cnr of Messmate Way and Victoria Hwy KUNUNURRA WA 6743	PO Box 916 Kununurra WA 6743	Ph: (08) 9166 4700 kununurra@horizonpower.com.au	Fax: (08) 9166 4720
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Gascoyne Mid West

Cnr Iles Road and Robinson Street CARNARVON WA 6701	PO Box 825 Carnarvon WA 6701	Ph: (08) 9941 6299 carnarvon@horizonpower.com.au	Fax: (08) 9941 6201
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Goldfields Esperance

143 Sims Street ESPERANCE WA 6450	PO Box 148 Esperance WA 6450	Ph: (08) 9072 3400 esperance@horizonpower.com.au	Fax: (08) 9072 3401
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West Kimberley

2 - 4 McDaniel Road BROOME WA 6725	PO Box 345 Broome WA 6725	Ph: (08) 9192 9900 broome@horizonpower.com.au	Fax: (08) 9192 9901
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