

## Expression of Interest - Gas Connection

### IMPORTANT NOTICE

Maranoa Regional Council is collecting personal information you supply on this form in accordance with the Gas Supply Act 2003. The personal information collected on this form will be used to ascertain requirements for gas connection/disconnection. Your Personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to the Department Employment Economic Development & Innovation for the purpose of resource management. Your personal information is handled in accordance with the Information Privacy Act 2009.

### Customer Details

Surname:		First Name:	
Company Name:			
Postal Address			
Suburb:		Postcode:	
Phone (h):		Phone (w):	
Phone (m):		Fax:	
Email Address:			
Date of Birth:	/ /	Driver License / 18+ Number/Builders No:	
Real Property Office Description of premises Lot:			R.P:

**This application is made subject to the Gas Supply Regulation 2007, the Gas Supply Act 2003 and any subsequent amendments thereto.**

### Connection Details

<input type="checkbox"/> Domestic	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
<b>Address to be Connected:</b>		
Number of Appliances to be Connected:		
Type of Appliances to be connected: -		
<input type="checkbox"/> Hot Water System	<input type="checkbox"/> Heater	<input type="checkbox"/> Oven
<input type="checkbox"/> BBQ	<input type="checkbox"/> Pool Heater	<input type="checkbox"/> Fryer
<input type="checkbox"/> Cook Top	<input type="checkbox"/> Lighting	
<input type="checkbox"/> Other – Please list		
Nearest Gas main location: -		
<input type="checkbox"/> Same Side of Street	<input type="checkbox"/> Across Road	<input type="checkbox"/> Don't Know

### Customer Signature & Declaration

I/We hereby make an expression of interest for the feasibility of obtaining a gas service with Maranoa Regional Council.

Owner Signature:	Date : / /
Authorised Agent Signature:	Date: / /

**Office Use Only**

Gas Main Ext. length		Estimated Cost of Works	\$
If required (m)			
Appliances Connected		Date Reviewed	___/___/___
Comments:			
<input type="checkbox"/> Tick if Job is Economically Feasible			
<input type="checkbox"/> Approval/Declined Letter – TRIM #			

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**Manager - Water Sewerage Gas**