

## Gas Reconnection

### 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

Date Reconnection Required \_\_\_/\_\_\_/\_\_\_

Surname:		First Name:	
Company Name:			
Postal Address			
Suburb:		Postcode:	
Phone (h):		Phone (w):	
Phone (m):		Fax:	
Email Address:			
Date of birth:	/	/	Driver Licence / 18 + Number:

Nearest Relative: (not living with applicant)	Name:	Relationship:
	Address:	
	Phone (h):	Phone (m):

### Request Details

Supply Address:			
<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Tenanted	Meter access available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Rented premises	Landlord/Agent Name:	Phone (m):	
	Real Estate Name:	Phone:	

### Queensland Government Natural Reticulated Gas Rebate Eligibility (please attach copy of valid card)

Please Indicate if you are holder of one of the following cards:		
<input type="checkbox"/> Veteran Affairs Cards	<input type="checkbox"/> Qld Government Senior's Card	<input type="checkbox"/> Pensioner Concession Card
<input type="checkbox"/> Queensland Government Pensioner Reticulated Natural Gas Rebate Application Form has been completed		

### Customer Signature & Declaration

By signing this form you are consenting to Maranoa Regional Council performing a credit check and are declaring that you are the authorised account holder and that you are requesting Maranoa Regional Council to reconnect your gas supply on the date stated above. If the credit check results in negative feedback you may be required to pay in advance based on estimated consumption. A reconnection fee applies.

Applicants Name:.....	Signature:.....	Date: ...../...../.....
Witness name:..... (Council Employee)	Signature:.....	Date: ...../...../.....

### Office Use Only

Payment Received: / /	Trim Number:	Customer Request:
Reconnection fees: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$	Receipt Number:
Assessment Number:		Route:                      Walk:
NAR:	Meter Number:	Meter Read: