

REQUEST FOR A NEW GAS METER



| 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 Connections Ref: | | MPRN ref (if known): | |
| Chosen gas supplier (if known): | | | |
| Proposed Meter Position (Delete) | INTERNAL | EXTERNAL | If external, Squire Energy to provide a kiosk? YES NO |
| (Note: Housings must have a minimum free ventilation area of 3% floor area) | | | |
| Customer Supplied Meter Room Dimensions (mm) | LENGTH | WIDTH | HEIGHT |
| Required gas pressure (at the gas meter inlet valve) in mbar? _____ (Note: The standard inlet pressure at the meter inlet valve is 19 - 21mbar.) | | | |
| Gas Load Information | | | |
| Unit Name / Number | Maximum hourly flow rate (gas load) - kW | Minimum hourly flow rate (should not be zero) - kW | Annual Load kWh |
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| Special Load Features | | | |
| Please give details of any special features that will be present downstream of the meter (i.e. will boosters, compressors, CHP or pulsating loads be present): | | | |
| | | | |
| 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). | | | |