

# REQUEST FOR NEW GAS METER



Your Details		Site Details	
Your Name		Name	
Company Name		Address	
Address		Address	
Address		Town	
Town		County	
County		Postcode	
Postcode		Site Contact	
Phone		Site Contact Phone	
Email		Site Contact Email	

## Additional Information

Proposed Gas Supplier / Shipper:					
Gas Supply Connections Ref:		MPRN Ref (if known):			
Chosen gas supplier (if known):					
Proposed Meter Position	Internal	External	If external, Squire to provide kiosk?	Yes	No
(Note: Housings must have a minimum free ventilation area of 3% floor area)					
Meter Room Dimensions (mm)		Internal:	Width:	Height:	
Required gas pressure (at the meter inlet valve) in mbar?					
(Note: The standard inlet pressure at the meter inlet valve is 19 – 21mbar)					

## Gas Load Information

Unit No. / Name	Maximum hourly flow rate (gas load) - kW	Minimum hourly flow rate (SHOULD NOT BE ZERO) - kW	Annual Load - kWh

## 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 exiting meters on site, please provide the Meter Point Reference Numbers (MPRN).

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