



Application for Capacity on The Lines Company Network

☎ 0800 367 546 | ✉ PO Box 281, Te Kuiti 3941 | Fax 07 878 7024

www.thelinescompany.co.nz | connections@thelines.co.nz

New Connection

Capacity alteration

Please provide existing ICP number _____ WM _____

If you're an existing customer: Customer number _____

Request new number

1. Legal Owner of Property (of the site at the time of submitting this application)

Full Name(s) _____

Company Trust Other Legal Entity Please specify _____

Contact Phone Landline _____ Mobile _____

Email Address _____

Postal Address Street _____

Town/Suburb _____

City _____ Postcode _____

Applicant Name (If different from above) _____ Phone _____

Email/Postal Address _____

2. Installation Details (This refers to the proposed/current installation where the point of connection is to be established)

Installation Address Number & Street/Rapid Rural _____

Suburb _____

Town _____ Postcode _____

Legal Description _____

Lot _____ DPS _____ Certificate of Title _____

Residential Holiday home Accommodation Dairy Farm Other

If other, please provide details including business description _____

Distributed Generation? (E.g. Solar, wind, hydro etc) Yes No

I have included a Distributed Generation plan with this Yes No

For Distributed Generation requirements see <https://www.thelinescompany.co.nz/my-account/generate-your-own-power/>

3. Nominated Energy Retailer (The power company to whom your power bill will be paid)

If alteration for an existing ICP, continue to Number 4...

Retailer _____ Consumer/Customer Number _____

For help choosing a Retailer, head to <https://www.thelinescompany.co.nz/what-we-do/get-connected/tlc-retailers/>

4. Electrician/Electrical Contractor

Company _____ Name _____
 Contact Phone _____ Mobile _____
 Email Address _____
 Electrical Worker Registration Number _____
 Line Installer (if different from above) _____ Phone _____

5. Electrical Specification for Permanent Connection (It is recommended that this section is completed by an Electrician/ Electrical Contractor)

Tick those that apply

BUILDERS TEMP SUPPLY <input type="checkbox"/>		PERMANENT SUPPLY <input type="checkbox"/>		CT METERING (100Amps+) <input type="checkbox"/>			
Phases	Amps	Phases	Amps	Phases	Amps	CT Ratio	Bore Size
1	_____	1	_____	3	_____	_____	_____
2	_____	2	_____	Main Switch Size _____			
3	_____	3	_____	Switchboard Manufacturer _____			

Anytime Maximum Demand (AMD) _____ Other info _____

Is installation to be unmetered? Yes No

→ If yes, please advise Hours of Operation and the Connected Load in Watts: _____

Connection Overhead Underground Cable size _____

Requested Point of Connection Pillar Pole Pole/Pillar number (if known) _____

Easement for Private Line Yes No

I have included a description of works and/or site plan with this application Yes No

Would you like a quote for private line works? Yes No TLC Contact (if known) _____

How will your hot water be heated? Electric Other _____

How will you heat your house? Electric Other _____

Will you have controlled load? Yes No If yes, kVA on control _____

Will you have an Electric Vehicle Charger? Yes No

OFFICE USE ONLY—TO BE COMPLETED BY THE LINES COMPANY

Date Received ___/___/___ Quote Number _____ Job Number(s) _____

Transformer _____ Size _____ New or Existing _____ Change required? Yes No

Tx High / low density _____ kVA _____ P/L or TLC _____ P/Tx or TLC _____

Network POC _____ Metering required CAT1/CAT2/UML _____

Capital Contribution received? Yes No Invoice _____ Amount \$ _____

Pricing Schedule received? Yes No Connection Agreement received? Yes No # _____

Retailer SR received? Yes No Easement required? Yes No

Distributed Generation? Yes No ICP Number _____ WM _____

Network Approval _____ Date ___/___/___