

# Integrated Management System



### **Application For Supply Of Electricity (RAES)**

## This form applies to properties supplied with electricity under the Remote Areas Energy Supplies scheme.

This form is to be used where you are moving into a property that has an existing electricity connection. If the property has no electricity connection, you will first be required to complete the "Application for a New Connection/Notice of Alteration" form.

Completed forms are to be forwarded to Cowell Electric at PO Box 70, Cowell SA 5602, or by email to <a href="mailto:accounts@cowellelectric.com.au">accounts@cowellelectric.com.au</a>, or by Fax to 08 8629 2115.

Date electricity required	/	/	Do you require an ir	nterpreter? Yes [	☐ / No ☐
Full name in which the account is to be rendered	☐ Mr ☐ Ms ☐ Mr ☐ Miss				
Address of premises at which supply is required:	Lot # Flat # House #	Street Name	Tc	own	Post Code
Type of premises	Home Bus	iness 🗌 Sta	ate Gov 🗌 Federal Gov	v 🗌 Other	
Please describe type of Business (if not residential)					
Is the property leased	or owned 🗌	If leased, state o	wner/property manager	Previous O	ccupier (if known)
Do you have a hot water s	service Yes 🗌	(size	) / No 🗌		
Occupation			Employer		
B	Д	re you eligib		**	
If eligible for a pensioner con at the following website:					



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	Lot #	Flat #	House #	Street Name	Tov	vn	Post Code
Last address at which applicant has been responsible for accounts							
Does the applicant have any special needs? If so please specify (eg: Life support)							
Is the meter box outside the hou Yes / No	use and	is the n	neter acc	essible by n	neter reade	r without th	ne use of a key?
If response above is yes, no furt please complete the attached "N							e above is No,
The Undersigned Applicant hereby energy to the premises hereunder conditions under which electric energiation and the applicant agree Electric Supply Pty Ltd from time to	(to be usergy is so	sed sole upplied b	ly for the by the Co	purposes her well Electric :	eunder state Supply Pty L	ed) subject t td at the da	to the te of this
By signing this application you war the subject of this application and f premises.							
IMPORTANT: The Applicant agree accrued up to the expiration of thre that the Applicant desires the term shall be determined by Cowell Elecapplicant to select the most suitable particular case will be readily given	ee days a ination o ctric. Wh le tariff p	after the f this ag nere alte ermitted	receipt b reement. rnative ta	y Cowell Elec The class of riffs are allow	ctric of writter f consumption ved it is the	n notice from on and appro responsibility	m the Applicant opriate tariff(s) y of the
Please note that in accordance wit and identifying particulars may be credit providers.							
This application must be signed to is for a business, or by the Mana Incorporated Body. # N.B. Except for authorised off several personal liabilities for al	ager or	Secretar e perso	y or simi ns signii	lar authorise	d officer on cation here	behalf of a	a Company or
Full names of persons responsible for payment of account							
Signature					Date	1	
IF COMPANY OR CORPORATION	N PLEAS	SE COM	PLETE T	HE FOLLOW	/ING:		
Full name of person signing							
Designation of authorisation officer					A.C.N		



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### **Meter Access Form**

Section 1: This form is to be completed if the meter is not accessible to the meter reader

Under the Energy Retail Code a meter reader must be given access to the electricity meter at each customer's supply address, in order to read the meter. As your electricity meter is not readily accessible for readings, please nominate one of the following methods in order for meter access to occur. Have the electricity meter relocated to outside your premises (at your own cost) Be present at the quarterly read dates Provide a key to Cowell Electric Supply (Please complete section 2 below) Please note that if a customer fails to grant access for the electricity meter to be read, for 3 consecutive billing cycles, the retailer may arrange for disconnection of the electricity supply at the customer's supply address. Section 2: This section is to be completed if you wish to provide a key to Cowell Electric Supply for access to the electricity meter. Please post the key via registered mail with the completed application for supply form. Full name of person ☐ Mr ☐ Mrs supplying key: **Business Phone** Mobile Home phone Contact details **Email** Lot # Flat # House # Street Name Town Post Code Address of premises at which key is issued for: Home Business State Gov Federal Gov Other: Type of premises Please describe door key provided (e.g. front, garage) Additional comments / special instructions as relevant Date key posted: / / Section 3: Access to Electricity Supply Meter & use of Key provided Refer to clause 32 of the Remote Areas Energy Supplies (RAES) Customer Connection and Supply Contract, for details on access to your supply address. In addition to information contained within clause 32, Cowell Electric shall: Store all keys supplied within a secure location, along with a key register. 2. Ensure Keys are removed only for purposes related to the distribution and retail of electricity at the supply address to which the key relates and shall be returned to the secure location for safe keeping as soon as practicable after their use. 3. Ensure keys are identified only by the meter number for which they relate. Ensure the meter reader is subject to an annual Federal Police clearance check and signs a declaration that keys supplied will be used ONLY for the purpose of accessing a supply address for Cowell Electric business related to the distribution and retail of electricity to that address. 5. Return all keys supplied, to the contract holder, on termination of their electricity supply contract. Note: The Remote Areas Energy Supplies (RAES) Customer Connection and Supply Contract can be found at the following website; www.energymining.sa.gov.au/raes