

## Utility Infrastructure Provider (UIP) ENQUIRY FORM (CONN\_FM137)

*All the information in this form supplied by the individual, firm, company to Cadent is confidential to that individual, firm or company and MUST NOT be disclosed to any other person, including any person employed in Cadent's connections service provider, without the consent of that individual, firm or company.*

**For the attention of** ..... (Refer to Distribution Connections Contacts, see [www.cadentgas.com](http://www.cadentgas.com))

**Date of Request** ..... **Your Ref. No.** .....

**Enquiring Company Name** ..... **Contact Name** .....

**Address** .....

.....

.....

**Post Code** .....

**Telephone No.** ..... **Fax No.** .....

**Is request on behalf of an individual customer owner or occupier?** ..... , if yes, provide customer details in the space at the end of the form below.

### Proposed Site Information

**Site Contact** ..... **Site Location Plan Ref:** .....

**Site Name** ..... (ref. of plan required) .....

**Site Address** ..... **Requested Connection Location: Easting** .....

..... **Northing** .....

.....

**Post Code** .....

**Type of works:** .....

**Type of Development:** .....

**Does the proposed load follow a normal space heating pattern?** .....

**For industrial/commercial premises indicate the following:**

**Type of Load** (e.g. modulating, constant, process/on-off/CHP) ..... **Will a compressor be fitted?** : .....

**Is the proposed load requested to be Interruptible?** .....(if not completed assume Firm)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	Ultimate load
No. of individual premises						
Maximum Annual Consumption in kWh						
Maximum Instantaneous Rate in kW						
Maximum Instantaneous Rate in m3/hr						

**Has the load been diversified:**

**For service alterations or disconnections or a connection on behalf of owner or occupier only:**

**Note – where a service alteration results in work being done to the existing connection (to the supplying main), the service should be renewed in accordance with the requirements of T/SP/NP/14/E.**

Requester Name (ie. Gas Consumer/Supplier) .....

Requester Company (if not Gas Consumer) .....

Requester Address.....

.....

Post Code ..... MPRN (where known) .....

Attach site plan indicating exact location of works and point of termination.

**Signed** ..... **Print Name**..... **Position**.....