Statement of Turn-on Gas Supply

Date:_____

Our Ref: _____

Your Ref:_____

To : Applicant _____

_____

_____

Company:_____

Project Coordinator:

Mr_____

Tel (O) : _____

Mobile : _____

Email : _____

Gas supply to:

_____

(Project Name)

_____

(Address of Premises/Development)

Dear Sir

We refer to your request to turn on gas supply to the abovementioned gas installation and the declaration of your Designated Representative that the gas installation is safe and ready to receive gas. We have introduced gas into the gas installation at your premises from the gas meter to the point of connection of the gas appliance(s).

Details Of Turn-On

Date: _____

Time: _____am / pm

Type of gas: *Natural Gas / Town Gas

Nominal pressure: _____kPa /Bar* gauge

We would remind you that the gas installation is now pressurized with gas. You shall ensure that the gas installation is not tampered with and all relevant parties are notified that gas has been turned on. You are required to complete and return the duly signed "Acknowledgement of Turn-on Gas Supply" form to us.

Please note that no further addition or alteration work on the gas installation can be undertaken without our prior written approval.

Yours faithfully

_____

(Name & signature of Project Coordinator/ Date)

Acknowledged by

_____

(Name & signature of Applicant / Date)

*: delete where not applicable