Distributed Generation Final Application Form > 10kW



Note: This is not an application for electricity.
Allow five working days (from receipt of the completed
form by Firstlight Network) for processing for a standard
application. Applications are valid for a period of six months
from the date of approval.

AFS Reference
Fi l e Reference

172 Carnarvon Street PO Box 1048 Gisborne 4040

Tel 06 869 0700 Fax 06 867 8563 info@firstlightnetwork.co.nz

firstlightnetwork.co.nz

Applicant Contact Details

Applicant Conta	ICT L	Details									
Surname					House	e No.			or Ra	pid No.	
First name					Addre	ess					
Business name					Subur	rb					
Phone (H)					City/	Town					
Phone (W)					Post-	code					
Fax					4 F C		initial				
Email					AFS N	AFS no. of initial application					
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[] Attach	ned	copy of ener	gy purchas	e agreement							
Details of electric	:al w	vorker who v	vill connect	the generation.							
Person:											
Registration	_' n:										
Declaration											
By submitting this acknowledge East application prove	stlan	nd Network's	full and unl								
Applicant signatu	ire						Date			/	

Post the completed application form to PO Box 1048 Gisborne or deliver to 172 Carnarvon Street, Gisborne. No Payment is required