

Supply Application Form – submit to: admin@opalgas.com

Section A: Applicant Details

Are you a broker or consultant acting on behalf of the customer?	Yes □ No □
Business Name:	
Type of Business:	Limited □ PLC □ Charity □
	Sole Trader □ Public Sector □
If Sole Trader	
Full Name:	
Home Address:	
Mobile Number:	
Email:	
Previous Home Address	
(if only been at current address less than 12 months):	
Billing Address:	
Supply Address:	

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Site Contact Details		
Email:		
Mobile Number:		
Office Number:		
Company Registration Number:		
Section B: Meter and Supply details		
MPRN:		
Meter Size Required:		
Location:	Internal □ External □	
Hourly Peak Demand:		
Annual Consumption:		
Pressure of Incoming Service:		
Service Completed?		
If not, when will this be completed?		

*If you require a new service please fill in Section C

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Section C: Service Requirements

Type of Property:	Terrace ☐ Semi-Detached ☐
	Detached □ Flat □ Other □
Is the Building Grade Listed:	Yes □ No □
Gas Load Information	
Do you need a meter inlet pressure greater	
than 21 Mbar? (If you are unsure, seek advice	Yes □ No □
from your contractor or gas safe engineer)	
Will you be using your gas supply 24 hours a	Yes □ No □
day, 7 days a week?	
Meter termination point (please select which	Surface mounted meter box □
meter type is required):	Built in box □
	Internal meter
	Meter kiosk □
	Semi concealed meter box □
Where do you want it installed?	
Do you also want us to quote for supplying	
and fitting a concrete base for your meter	Yes □ No □
kiosk?	
Who will be doing the digging on your	I would like to do my own digging □
property?	
	Opal can arrange the dig
5 1 16	
Declaration and Signatures	
Signature of applicant:	
Print name:	
Position in company:	
Date:	
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