

Connection Alteration Application Guide




CONNECTION ALTERATION APPLICATION

On this form, you can apply for an alteration to an existing connection. If you need help using this form, please [email](#) or call us (03 474 0322).

CONNECTION ALTERATION


For connection alterations on the Aurora Energy Distribution Network.

Rough order of costs ONLY required

Where this icon  appears, you can hover over it to learn more about that specific section.

If the box is left unticked, this indicates that a full quote is required.

ELECTRICIAN DETAILS

Electrician Name  Required

Electrician Company * Required

Electrician Phone * Required

Electrician Email * Required

Electrician Address * Required

All * items are mandatory fields. You need to enter information into these sections to ensure your application is submitted.

The electrician address will autofill as you type. In the case that the address does not come up, continue to type your entry in manually.

CUSTOMER DETAILS

Customer Name * Required

Customer Company

Customer Phone * Required

Customer Email * Required

Customer Address * Required

Retailer * Required

The customer address will autofill as you type. In the case that the address does not come up, continue to type your entry in manually.

You can choose the invoice to be sent to the following:

- Electrician
- Customer
- Other

BILLING DETAILS

Invoice to be sent to * Required

If you select 'Other', another section for the 'Other' details will drop down where you will be able to enter the relevant information.

INSPECTOR DETAILS

Inspector * ←

Delta ▼

There are two options here. Delta is the default.

- Delta
- Other

If the Inspector is 'Other', a box will drop down for you to specify.

INSTALLATION DETAILS

Installation Address * ←

Required

ICP No * ?

Required

Connection type *

Required ▼

Alteration type * ←

<input type="checkbox"/> New Switchboard	<input type="checkbox"/> Capacity Change
<input type="checkbox"/> Mains Renewal	<input type="checkbox"/> Mains Entry Box Replacement
<input type="checkbox"/> Installation of Notifiable Load	<input type="checkbox"/> Barge Board Replacement
<input type="checkbox"/> Relocation of an existing Aerial N/S	

The installation address will autofill as you type. In the case that the address does not come up, continue to type your entry in manually.

When you select an alteration type, more options will appear below for you to complete.

Select tick boxes and fill in fields as needed.

COMMISSION DATE

Commission date (proposed) *

Required

Please note: we cannot guarantee delivery by this date. ←

As stated, the commission date is not a guaranteed delivery date. You will be contacted at a later date to confirm the scheduling of this work.

ADDITIONAL NOTES

Any other notes or comments?

DESIGN PLAN

Upload your design plan *

Please click the button below to select a file.

No file chosen ←

You can upload most file types with your form. The most common are Word documents, PDF files or JPG and PNG images.

For example, you could draw the design plan, take a photo of it and upload it here.

* Required fields

You can either *submit your application* or *save the draft* to continue it at a later date.

Please note: if you save your draft, you **must** save the URL link to return to it later. We recommend bookmarking it in your devices browser for future reference.