

Application for connection to the gas network

Owner

Name *

_____ *First and last name or Company name*

ID-code/business registry code*

Address *

Phone *

E-mail *

Contact person

_____ *if it is different from the owner or there is an authorized legal person*

Object details where the gas connection is requested

Street/house/apartment *

County/city *

Postcode *

Cadastral identification number

The building is *

existing

new

Type of building *

apartment

house

terraced house

apartment building

other

Proposed gas equipment

_____ gas stove, power (kW) _____

_____ gas water heater, power (kW) _____

_____ gas boiler, power (kW) _____

_____ other _____

Current heating method

- wood/peat/coal
- electricity
- air source heat pump
- ground source heat pump
- fuel oil
- district heating
- other heating method _____

Heated area (m²) _____

Planned start of consumption _____

Additional information _____

Date

Signature

** required field*